Culture and Environment of South Asia

Indigenous and Western Medicine in Colonial India

Madhuri Sharma



FOUNDATION® BOOKS

Indigenous and Western Medicine in Colonial India

Culture and Environment of South Asia

This series aims at bridging the gap between the broadly defined cultural studies and research on various aspects of environmental history of South Asia. The word 'culture' is understood as a product of social practices, and therefore lies at the heart of society as well as the environment that shaped civilizations. Under the rubric of 'environment', the series proposes to look at not only ecology (air, water, forests, minerals, etc.) but also the social and cultural factors that shaped people's lives. Historically, it is the science and technology in a way that transformed culture and environment. Studies on science, technology and medicine are a crucial part of this series as they ideally demonstrate the mediation that articulates the mutually influencing relationship between culture and the living environment. The series brings into wider circulation the scholarly works that either analyses in detail any one aspect of the series or various aspects in terms of their broad inter-connectedness and their influence on the history of South Asia.

Series Editor
Atlury Murali
University of Hyderabad

Books in the series

- Becoming India: Western Himalayas under British Rule
  Aniket Alam
- Forest Ecology in India: Colonial Maharashtra 1850–1950
  Neena Ambre Rao
- Forest Policy and Ecological Change: Hyderabad State in Colonial India
  S. Abdul Thaha
- Himalayan Degradation: Colonial Forestry and Environmental Change in India
  Dhirendra Datt Dangwal

Indigenous and Western Medicine in Colonial India

Madhuri Sharma

FOUNDATION® BOOKS

Delhi • Bengaluru • Mumbai • Kolkata • Chennai • Hyderabad • Pune

Published by
Cambridge University Press India Pvt. Ltd.
under the imprint of Foundation Books
Cambridge House, 4381/4 Ansari Road, Daryaganj, **New Delhi** 110 002

Cambridge University Press India Pvt. Ltd.
C-22, C-Block, Brigade M.M., K.R. Road, Jayanagar, **Bengaluru** 560 070
Plot No. 80, Service Industries, Shirvane, Sector-1, Nerul, **Navi Mumbai** 400 706
10 Raja Subodh Mullick Square, 2nd Floor, **Kolkata** 700 013
21/1 (New No. 49), 1st Floor, Model School Road, Thousand Lights, **Chennai** 600 006
House No. 3-5-874/6/4, (Near Apollo Hospital), Hyderguda, **Hyderabad** 500 029
Agarwal Pride, 'A' Wing, 1308 Kasba Peth, Near Surya Hospital, **Pune** 411 011

First Published 2012

ISBN 978-81-7596-923-0

Published by Manas Saikia for Cambridge University Press India Pvt. Ltd.

For

Ma, Pa and Banarsis

Contents

List of Figures

List of Tables and Graphs

Tables

Graphs

Preface

This book focuses on the social history of medicine, reflecting the multiplicity and complexity of social interaction and encounter between indigenous and western medicines. Exploring a variety of engagements and interventions in the patronage and professionalization of modern medical science and the institutional interventions, it also highlights the contradictions of harmony co-existing in the public sphere. Focusing on the borders and boundaries marked by the colonial government in the medical profession, this study analyses how Indian allopathic and indigenous medicines practitioners struggled with these demarcations. The present work is an attempt to understand India through a prism of Banaras as a case study. An advertisement of *Amritdhara* in the Hindu newspaper, *Abhyudaya*, published under the editorial aegis of 'Mahamana' Malaviya, aroused my historical quest, showing how a medical consumer was created and how the two systems could compete with each other. Questions were raised as to whether the indigenous system could put up a fight at all, as the western medicine system had the moral and economic force of imperialism with it. With these questions, I ventured on an untraversed path of social history of medicine in which I scanned various contemporary journals, newspapers and interviewed indigenous medical practitioners about their trade practices and how they dealt with modern notions of trademarks, patent laws and several other issues brought along by western medicine.

My exploration of medical entrepreneurship evolved at a later stage of my study, but I found the endeavour so engrossing that I went for one more study trip to Banaras. I expected Hindi novels and periodicals to provide me with a textured understanding of the engagement with new and old medical practices, technologies and products. With this theme, I was able to leave the yellow peeling walls of the *Kashi Nagari Pracharini Sabha* and enter the bustling streets of Banaras. My attention wandered away from articles to advertisements both in text and image. I found that even if ayurvedic practitioners had to find a Hindu nationalist platform for themselves in worthy forums such as *Nagari Pracharini Sabha* and *Ayurved Mahamandal*, the nationalist rhetoric could turn up in the most unlikely of contexts such as in advertisements for ayurvedic aphrodisiacs.

Indigenous and Western Medicine in Colonial India in many ways incorporates diversities ranging from the by-lanes in Banaras, winding past the ghats where one searched for the *vaidyas*, *hakims*, the pharmacies and medical stores to the rhythms and paradigms associated with the discipline of history. I cannot but thank many people who have helped in shaping this work at various stages, including co-participants at seminars and conferences.

I take this opportunity to express my sincere gratitude to my supervisors doctoral research Dr Radhika Singha and Professor Deepak Kumar. It is their love and guidance that sustained me to converge my thesis into this book. It was Professor Sabyasachi Bhattacharya, who helped me to make the transition from my interest in social demography to the social history of medicine. The members of the Faculty at the Centre for Historical Studies and other universities helped me with their invaluable suggestions and constructive criticism. Dr Biswamoy Pati helped me articulate my ideas and encouraged me to engage with the world of medical advertisements and their role in studying the social history of medicine. Dr Neshat Quaiser constantly gave constructive guidance and feedback. My special thanks to Professor R. Gopinath who acquainted me with research skills. I would also like to express my gratitude to Dr Rizwan Quaiser for helping at crucial stages.

Finally, the research on this book would not have been possible without the inspiration and encouragement of my parents. I would also like to thank Navneet for being a wonderful academic friend rather

than just a brother. My sincere thanks also goes to all friends for being instrumental in completing this work. Without Anu, Ishu and Samar, this book would have been indescribably boring. I greatly appreciate the interest shown by Professor Atlury Murali for the publication of this book. My heartfelt thanks to Cambridge University Press India Pvt. Ltd. for publishing this work. Many thanks to Professor Michel Worboys, Professor G. Gooday, Professor Mark Harrison and Dr James Mills, Dr Guy Attewell and Dr Samiksha Shehrawat for their serious insights, comments and suggestions. Thanks to British Academy – AHRC – ESRC Fellowship and Nehru Memorial, Museum and Library Fellowship in 2007–08 and 2009–11 respectively, which enabled me to collect research materials from various libraries in the UK and India to finalize this book. Needless to say, I am responsible for the errors or mistakes made in this book. Last but not the least, I am thankful to Professor Erwin Neumeyer for his permission to use the image for Woodward's Gripe Water, from his book.

Madhuri Sharma

List of Abbreviations

AIVUTC	All India Vaidic and Unani Tibbi Conference
BHU	Banaras Hindu University
CUP	Cambridge University Press
IESHR	The Indian Economic and Social History Review
INC	Indian National Congress
INSA	Indian National Science Academy
JAMWI	Journal of the Association of Medical Women in India
KCSI	Knight Commander and Star of India
KNPS	Kashi Nagari Pracharini Sabha
MAS	Modern Asian Studies
NAI	National Archives of India
NBAM	Nikhil Bharatvarshiya Ayurved Mahamandal
NWP & O	North Western Provinces & Oudh
OUP	Oxford University Press
RAV	Regional Archives of Varanasi
SVN	Selections from Vernacular Newspapers
TRD & C	Triennial Report on the Dispensaries and Charitable Institutions
TOI	Times of India

Introduction

Tifle mein buu aaye kya maa baap ke avtaar ki,
Doodh to dabbe ka hai taleem sarkar kee.[1]

How can one discover the essence of the parents in the child,
His milk is from a tin, his education from the government.[2]

In this couplet, the poet Akbar Allahabadi, expresses his sorrow about the commercialisation of food and education and its consequent impact on the society. He laments that family traditions and culture which once shaped the child's upbringing are being eclipsed by the market and government.

Indian attitude or response towards Western medicine is one of the important aspects which have been dealt considerably in a substantial body of writings, the 'maladies, preventives and curatives' of medicine, both in its 'western' and 'indigenous' forms.[3] R.C. Majumdar, in concurrence with other nationalist historians held that the Indian medicine was outweight due to 'the greater importance attached to western medicine introduced in this country during the British rule'.[4] Brahmanand Gupta's more contemporary account from the 1970s shows the step-motherly attitude of the colonial regime towards indigenous medical system. After much opposition, when it was incorporated into the system of medical training it remained a very junior partner.[5] Debi Prasad Chattopadhyaya points out that by characterizing indigenous

medicine as 'mythological', the British tried to maintain control over Indians and Indian society.[6] D. Banerji claims that colonial influence was far worse than mere neglect, involving in fact the destruction of Indian culture and tradition and existing health practices.[7]

The writings of 1990s are an extension of 1970s nationalist writings with detailed arguments. It gives a more complex picture for the advancement of western medicine and its impact on the indigenous medical system. David Arnold writes that western medicine was "often greeted with wild rumors, profound suspicion, evasion and resistance."[8] He goes on to show that despite this it came to exert an increasingly powerful hold over the bodies and minds of the Indian people, to tailor their thought, feelings and desires. Many Indians began to accept the precepts of western sanitation and to look critically at indigenous customs and lifestyle in the light of these norms. Pointing out the development of colonial medicine in nineteenth century, India through the process of 'appropriation, subordination and denigration', he writes that this shift was also an assault to the corpus of knowledge of indigenous medical science.[9] Mainly concerned with the health of the British, it rapidly established a clear authority over Indian medicine and Indian population. Medical profession even demanded regulation by the 1860s to outlaw its Indian rivals.[10]

Mark Harrison examines Indian responses to public health measures and the role of Indians in the policy-making process at the municipal and district level.[11] He claims that sanitary initiatives were often opposed by local politicians. The economic interests of the Indian 'rentier' class, particularly the Hindu community, he argues, constituted the single greatest obstacle to the sanitary reform. These studies were based mainly on government reports and records. Arnold and Harrison place a lot of emphasis on 'natives resistance' to western medicine in particular on opposition to policies of segregation and vaccination against cholera, plague and smallpox.[12]

Neshat Quaiser, Seema Alavi and Kavita Sivaramakrishnan take the issue of response to the other plane discussing the interaction and encounter between western and Unani medicine as well as western medicine and ayurveda. In his account of the fate of Unani medicine in the colonial period, Neshat Quaiser, also focuses on the Unani's resistance to western medicine.[13] By studying the local Urdu sources and popular Unani culture of that period, he highlights that 'Unani's encounter with

western medicine was located within a critical anti-colonial public sphere", where simultaneous approval and disapproval of western medicine had a lot to do with the way in which Europe and western medicine were represented and contested.[14] Seema Alavi highlighting the Unani medical encounter with western medicine in the nineteenth century north India argues that a new Unani and a new *hakim* evolved with an emphasis less on the mastery of the theory and more on the practice of medicine.[15] *Oudh Akhbar*, an Urdu newspaper pushed the issues generated by the texts on Unani into the public sphere, and it was here that the inevitable tensions between the old family-centered Unani and the new *hakim* were fought out. Through an engagement with western medicine in order to restrain counter the threat posed by Western medicine, Unani dramatically reshaped and redefined itself as an Indian medical system.[16] Kavita Sivaramakrishnan shows how indigenous medical learning and practices were recast and reformulated with the coming of western medicine and western medical ideas through colonial rule.[17] She shows the processes by which the *vaidyas* and publicists of Punjab set about reordering ideas and mobilizing networks in response to the claims of western medicine and its implicit validation of colonial rule and *vaidyas* engaged with the scientific authority of western medicine through vernacular writings. Facing threat and competition, local *vaidyas* were forced to address and propagate new notions of medical reason to legitimize and revalidate the indigenous scientific basis of learning. She also explores the engagements between Ayurveda and Unani practitioners.[18]

However, in these writings there is little evidence of resistance to the use of clean drinking water and sanitation facilities when provided. The role of Indian medical personnel and those employed at subordinate positions in newly created health and sanitary institutions such as health officers, compounders, clerks, and trained *dais* in promoting the western medical system is given less attention.

In contrast to Arnold and Harrison, Deepak Kumar tries to examine the tensions of the empire through the indigenous eyes by studying the indigenous societies through their own literature and practitioners.[19] He points out that western medicine as an instrument of control served the State and

> "the indigenous systems felt so marginalized that they sought survival more in resistance than in collaboration. Nevertheless, the majority of

Indians, underscores/delineates believed that the total acceptance of new knowledge did not mean total rejection of the old and favoured a synthesis of western and indigenous medical systems."[20]

Deepak Kumar shows that till the 1860s European physicians and Indian practitioners of both indigenous and western medicine were open to syncretism in their medical practice. He argues that after 1860 the state of affairs changed when the advocates of western medicine began to seek 'absolute supremacy'. Thereafter indigenous medicine, which once enjoyed esteemed position, declined even though it was the medicine of 90 per cent or more of the population.[21]

In her study based on Bombay, Mridula Ramanna, argues that different communities varied in their response towards western medicine and public health measures. For instance, among the Muslims, the Khojas were the only group willing to use hospitals and western medicine, whereas other Muslims preferred to be treated at home and attended by relatives. Most of the in-door patients at J.J. Hospital were Hindus while Muslims preferred out-patient treatment, and the Parsi elite were foremost in their support for western medical facilities.[22] She emphasizes how cooperation by Indians promoted the standing of western medicine. It was Indian philanthropy which funded the first medical college in the Bombay Presidency, the Grant Medical College, and the adjacent Jamsetji Jejeebhoy Hospital.[23] In addition, most of the municipal and private dispensaries were financed by Indians and run by Indian doctors and medical assistants. Successful treatments and operations performed by Indians buttressed the popularity of western medicine. Indians also funded some of the sanitary reforms in Bombay city such as Cowasji Jehangir Readymony's donation for the construction of 48 wells and 51 drinking fountains.[24] In contrast to Arnold and Harrison, Mridula Ramanna shows how Atmaram Pandurang and his colleagues offered free services in the 1850s to propagate vaccination at the dispensaries.

Anil Kumar in his work focusing on entire India, also shows the support extended by high caste Indians and *Marwaris* to western medicine.[25] He argues that by the close of the nineteenth century, the Indian middle class acted as buffer between the empire and the 'lay, ignorant and superstitious' masses. The Brahmins did this to redeem and improve their highly undermined socio-economic position during the reign of the Muslim kings and *nawabs*.[26] Both the British and the

Brahmins, he argues, 'meticulously trumpeted the bogey of the religious upheavals and backlash, albeit with different motives.'[27] For the British,

> 'fear of backlash gave them the most convenient excuse to shirk from political and financial commitments. On the other hand, Brahmins kept the religious sensitivities alive and volatile so as to retain the distinction of community leaders for strengthening their position as brokers and bargainers.'[28]

Anil Kumar adds,

> 'the coming of the British with their renaissance 'science and culture' initiated the process of subjugation and captivation of India's traditional scientific systems. With the colonial power at the apex, the western sciences, without facing any recognizable resistance, gradually dethroned and outdistanced the indigenous scientific systems and stamped the seal of superiority. The British made full use of their sciences both in the creation as well as in the maintenance of empire.'[29]

Colonial medicine, he argues,

> 'over a period of time, subjugated and marginalized the traditional medical systems by stealing a march over them with superior etiological methodology and therapeutic efficacy.'

Colonial medicine proved, in fact, to be a twin-edged weapon which cut the colonized both physically and morally. Not only the body but also the mind was conquered.

Mark Harrison and Biswamoy Pati have also analysed the impact of colonial rule on indigenous medicine, arguing that the relatively open and informal 'dialogue' between western and Indian practitioners, which characterized the seventeenth and eighteenth centuries, gave way to the scientific skepticism of the nineteenth century.[30] One reason for this skepticism was the gradual divergence between Western and Indian concepts of anatomy and physiology. One consequence of this was that the East India Company withdrew its patronage from indigenous systems of medicine, as evidenced in the closure of the Native Medical Institute at Calcutta in 1835. State-funded programmes for vaccination against smallpox also gradually displaced the indigenous practice of variolation.[31] This withdrawal of the State patronage impelled practitioners of indigenous medicine such as ayurveda to engage

constructively with western medicine, to demonstrate that their learning could also be recast by educating physicians trained in all branches of medicine in a more institutionalized mould and would be vindicated by scientific criteria.[32]

Charles Leslie and B. D. Metcalf argue that along with this constructive engagement, indigenous medical systems also benefited from the revival of public support for indigenous cultures because of the emergence of political nationalism.[33] Rich and insightful in their approaches, these studies have nevertheless posed the issue of 'response' in somewhat binary terms, as either resistance or acceptance. This can reduce the multiplicity and complexity of the social interaction and encounter with western medicine.

The professionalisation of medicine in the Indian context has been briefly discussed in some works. Paul R. Brass focuses on the politics of Ayurvedic education to study revivalism and modernization in India and examines how Ayurvedic practitioners sought political justice, legitimacy and support from the government.[34] He concludes that the search for a political solution to the professional status of the Ayurveda failed because it could not create the infrastructure which would have allowed the Ayurveda to compete effectively with its western counterpart. Internal conflicts contributed to this, some revivalist favoured a reliance on ancient texts, and others advocated an integration of indigenous and western methods. As a result, no uniform courses of training and professional standards of education and practice were established. Thousands of new, poorly qualified practitioners, if not 'quacks', providing a low quality of medical relief to both urban and rural residents were produced.[35] Poonam Bala focuses on professionalisation both in ayurveda and in western medicine in Bengal, but she ignores cultural interaction within Ayurvedic practitioners which is reflected in Brass' work.[36] She argues that initially there was acceptance and co-operation between indigenous and western medical practitioners, which gave way to a conflict of interest as western medical science became increasingly professionalized. By the end of the nineteenth century, advances in western medicine undermined and eroded the theory and practice of ayurveda. The standardization of western drugs, made practitioners of western medicine in India increasingly critical of the lack of refinement in indigenous medicine and the ascendancy of English as the medium for all recognized forms of knowledge disadvantaged indigenous forms of

medicine. Further, the popularization of western medicine also owed a lot to the support, it received from Bengali *bhadralok*, who viewed it as an avenue for employment and social status. Charles Leslie briefly discusses the ambiguities of medical revivalism among Ayurvedic practitioners.[37] He points out that a syncretic medical tradition between ayurveda and unani existed in the nineteenth century. Yet, in revivalist ideology the introduction of unani medicine was said to have led to the decline of ayurveda. Revivalists also blamed the development of western medical institutions in India for causing the further deterioration of Ayurvedic knowledge and practice. And yet the revivalists professionalized ayurveda by adopting institutional forms, concepts and medications from western medicine. He argues therefore that changes took place in a long tradition of medical syncretism. Instead of declining, the indigenous medical system advanced by adopting new knowledge and institutional arrangements.[38]

In contrast to the above argument, ayurveda had its own structure in the form of hereditary occupation prior to the arrival of western medicine. Due to the loss in professional status, Ayurvedic practitioners reacted in many ways. Some favoured the assimilation of modern technology, while others advocated pure ayurveda based on ancient texts. In this respect, this book argues that despite internal conflicts among the proponents of ayurveda, they succeeded not only in re-establishing a parallel set of institutions but also created the infrastructure which allowed ayurveda to compete. The best example of this is the foundation of 'Ayurvedic College' at Banaras Hindu University. Even if one sees it as a failed movement, it was not due to internal conflicts but due to the Governments policy and step-brotherly attitude. The present work also shows that the history of medicine was not only a history of accommodation and transformation, to political change but also to alterations in markets and demands.

Anil Kumar in his work discusses the 'professionalisation' of western medicine in India.[39] He refers to the various strands of professionalisation such as western medical institutes, hospitals, pharmacy, medical services and medical research in colonial India. Although he claims that his work is an attempt to see from the receiver's (Indians) perspective, his argument is again mostly on official archival documents. Some of the journals and private papers which he compiles in the bibliography were of British officers. It could have been more useful if he had studied the

situation of indigenous medicine and their practitioners, menial workers employed in the western medical infrastructure.

In contrast to the above authors, Vijay Prasad and Charu Gupta in their respective studies, highlight caste and gender issues, two important aspects of the medical profession. They show various constraints and possibilities afforded by the professionalisation in medicine. Vijay Prasad shows that in Indian medical systems social norms of hierarchy was maintained, where low castes were socially and economically at a lower level. On one hand, newly constructed institutional sites created job opportunities for the lower castes and allowed economic mobility. On the contrary low castes were assigned menial jobs at these sites, a new line of demarcation being instituted between untouchables and upper castes. *Vaidyas* and *hakims* also labeled these new sites as 'polluting' sites because of their association with low caste.[40] Charu Gupta citing the example of Yashoda Devi, a woman Ayurvedic practitioner from Allahabad, shows how women stepped into the medical profession which was dominated and restricted for male practitioners.[41] She elucidates the limitations posed by the male practitioners and the struggle undergone by female practitioners due to male dominance. Further, she shows how the clientele turned away from ayurveda, unani and folk medicine and were attracted to western medicine.[42]

Although the above works provide a new dimension in the writings of social history of medicine, they hardly show how 'professionalisation' of medicine was a common endeavor both for the British and the Indian doctors trained in western medicine and also a ground for conflict. Above studies also neglected how both Indian allopathic practitioners and indigenous practitioners had to struggle against the professional 'borders and boundaries' demarcated for their social standing by the colonial government. These studies do not detail upon how professionalisation in medicine leads to medical entrepreneurship and vice-versa.

Entrepreneurship, an important theme tries to investigate how the market for medicine and health products developed. This book also intends to assess the initiatives taken by European and Indian drug manufacturers to create a space for their products in the market, focusing in particular on the way in which they used newspaper advertisements. Although the medical market was a common venture for both British and Indian medical entrepreneurs, they were also engaged in a fight to attract maximum consumers for their respective products. Charles Leslie was the

first scholar to illuminate this neglected feature of social history of medicine. He shows that some Ayurvedic practitioners in order to revive Ayurveda and to improve their own careers had started companies to manufacture traditional medicines for commercial distribution.[43] These companies also advertised and distributed their products in a modern manner. He concludes, 'syncretism with cosmopolitan medical knowledge and institutions has largely transformed these traditions into professionalized Ayurvedic and Unani medicine.'[44] Brahmanand Gupta gives some information about Ayurvedic drug manufacturing companies during the nineteenth and twentieth centuries in Bengal.[45] He too points out that these companies had adopted modern techniques to produce Ayurvedic medicines in the form of pills and potions on a large scale.[46] Poonam Bala in her study shows that 'the rise of the chemical and drug industry and growing profession of medicine in Britain created a vast gulf between Indian and western medical sciences which got wider every day.'[47]

Deepak Kumar also shows how the indigenous practitioners coped with the changing times.[48] He highlights the initiative taken up by two pioneers, Hakim Ajmal Khan and Vaidya P.S. Varier, in the growth and development of Ayurvedic and Unani medicine industry parallel to Allopathic industry. He shows how these pioneers had an open and eclectic mind, aware of the drawbacks of their respective systems and willingness to 'improve'. They were keen to imbibe what was good and beneficial from the other systems without losing their own ground. Anil Kumar draws upon the case of P.C. Ray to describe the struggles and hardships faced by Indian allopathic drug manufacturers.[49]

These studies have illuminated a neglected feature of the social history of medicine but they raise as many questions as they answer: What were the transformations which took place in the existing market in herbs and drugs? How did both European and Indian companies and entrepreneurs seek to create a new kind of consumer from their products and to edge out their competitors? To assess this issue, this study looked at advertisements to show how European and Indian entrepreneurs drew upon cultural codes to increase the market for their medical products, and to disseminate knowledge about health and disease. 'Tradition' and 'Modernity' were explored by both European and Indian entrepreneurs to invoke the past and to negotiate the medical market of the 'present'.

Thus, in context of above works this book grew out of certain queries, concerning the reasons for the ascendancy of western medical sciences over indigenous medical systems, whether only 'official' patronage was responsible for this dominance or did it derive strength from points of support within Indian society. It examines the interest aroused by new medical technologies such as the stethoscope and thermometer and the way in which these were used to maintain the norms of social hierarchy and *purdah* system rather than undermining them. The use of contraceptive devices was debated publically vis-à-vis the principles of *Brahmacharya*. From these perspectives this book seeks to trace a variety of engagements and interventions in the patronage and professionalisation of modern medical science and the institutional interventions which shaped its local history, particularly in Banaras.

This study focuses Banaras mainly because of its significance as a major pilgrimage centre for Hindus. It has the reverence in Hindu mythology akin to what Mecca has in Islam or Jerusalem for Christian mythology. From the 1860s at International Sanitary Conferences, the Indo-Gangetic plain and particularly its pilgrimage centres were regarded as the source of Cholera epidemic. To prevent India's ports being put under embargo and British ships under commercially crippling quarantines, the Government of India had to show that it was bringing the routes and sites of pilgrimage under modern principles of sanitary management.

Banaras, a traditional centre of Ayurvedic learning and a hub of Ayurvedic practitioner was also a prominent rallying point for the indigenous medicine.

There have been many studies of religio-cultural aspects of Banaras life, some of which have also emphasized the pluralistic nature of its society and culture: mainly folk and elite, Hindu, Muslim and Christian.[50] Plurality of healing practices/culture is another aspect which is overlooked when Banaras is cast as a bastion of Hindu orthodoxy. Although this book focuses on the plural aspects in medical encounter, the present work is only able to deal with Ayurveda and western medicine.

Although this work primarily hovers around Banaras, it draws upon other districts of the United Provinces and other regions of India to provide a broader perspective of the subject. The focus is on the social

engagements with western medicine and the issues it raised for Ayurveda. Thus the present work is an attempt to understand the Indian subcontinent through a prism of Banaras as a case study.

The work begins with the 1890s when the Indian National Congress and other social organizations such as Arya Samaj and indigenous medical associations such as 'All India Vaidaic and Unani Tibbi Conference' and *Nikhil Bharatvarshiya Ayurved Mahamandal* became very active. Vernacular sources also multiply, with one of major organizations involved in the refurbishment of ayurveda, *Kashi Nagari Pracharini Sabha* being founded in 1893.[51] It moves on the exploration beyond the 1920s a common concluding point for medical histories of the colonial era, stretching to the period of the Congress Ministry.

The chapter following the introduction tries to assess developments in health and healing practices and the patterns of patronage which influenced these developments. Focusing on the role of different strata of the society, chapter 1 of this book argues that western medicine did not completely replace the existing indigenous medical system but it succeeded in coexisting with other medical systems while enjoying a dominant position. It defines the different meanings of patronization to different social strata. The chapter highlights that multiple points of patronage for western medicine led to its popularization but it did not completely replace the indigenous healing culture and practices in totality.

Chapter 2 and 3 assess western medicine as a field of social entrepreneurship. Menial workers and other subordinate workers employed in hospitals, dispensaries, municipal and sanitary departments drew social respectability from official employment. Some practitioners of Indigenous medical system also assimilated their technologies even as they also struggled to establish an infrastructure which would provide a stable basis for competition with western medicine.

Chapter 2 also focuses on debates on medical issues as they came to constitute a regular topic in English and vernacular newspaper and pamphlets of the time. The question of how the educated sections engage with the modern notions of disease and their cures also involved encounters in various contexts with new medical sciences and medical technologies such as the thermometer, stethoscope, injection, x-rays and contraceptive devices. This intervention generated a rich corpus of medical tracts in Hindi which generated a socially wider sphere of

discussion about the merits of indigenous versus western medicine. The educated sections were not passive recipients of information but engaged with it to secure a space in newly-created professional structures and a pedagogical platform for themselves in the public sphere.

Chapter 3 tries to see how the social respectability of the medical profession was a common endeavor both for the British and Indian doctors and was also a ground for conflict. At another level indigenous medical practitioners and Indian allopathic physicians were engaged in a tussle to attract a wider clientele for their respective medical practices. In addition to those employed as surgeons, assistant surgeons, this work also tries to study those who were employed in more subordinate positions as compounders, dressers, peons, sweepers and so on. It also traces the way in which practitioners of indigenous medicine sought to refurbish their status and credentials by laying out their own institutional and other criteria for a 'professional' standing. It examines the initiatives taken by the indigenous medicine practitioners to create a separate and parallel medical infrastructure equivalent to the allopathic system. This chapter argues that the professionalisation in medicine during the twentieth century was not a binary concept i.e. Indian/European, ruler/ruled, indigenous/western, but it was a morass of many strands entwined to each other with many crisscross.

Chapter 4 of the book turns from social to commercial entrepreneurship in the field of indigenous and western medicine. Individuals who merely prepared medicines for their patients or dispensed it, as municipality employees began to set up shops and retail drugs. Some of them also began to manufacture it with their own labels. This chapter also explained the realm of print media and advertisement to show how these were tapped to attract consumers.

The conclusion summarises the issues discussed in this book with a view to understand the nuances of social interaction and encounter with western medicine during colonial times.

Notes

1. Akbar Allahabadi, "Sarkari Taleem", *Saraswati*, 26, 1925.
2. All translations from Hindi are mine, unless otherwise stated.
3. David Arnold (ed.), *Imperial Medicine and Indigenous Societies*, Delhi, Oxford University Press, 1989; Poonam Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective*, New Delhi, Sage Publications, 1991; Mark Harrison, *Public Health in British India: Anglo Indian Preventive Medicine 1859–1914*, Cambridge,

Cambridge University Press, 1994; Andrew Cunningham and Birdie Andrews (eds.), *Western Medicine as Contested Knowledge*, Manchester and New York, Manchester University Press, 1997; Anil Kumar, *Medicine and the Raj: British Medical Policy in India, 1835–1911*, New Delhi, Sage Publications, 1998; Deepak Kumar (ed.), *Disease and Medicine in India: A Historical Overview*, New Delhi, Tulika, 2001; Biswamoy Pati and Mark Harrison (eds.), *Health Medicine and Empire: Perspectives on Colonial India*, New Delhi, Orient Longman, 2001; Amiya Kumar Bagchi and Krishna Soman (eds.), *Maladies, Preventives and Curatives: Debates in Public Health in India*, New Delhi, Tulika Books, 2005.

4. R.C. Majumdar, "Medicine", in D. M. Bose (ed.), *A Concise History of India*, New Delhi, Indian National Science Academy, 1971; N.H. Keswani (ed.), *The Science of Medicine and Physiological Concepts in Ancient and Medieval India*, New Delhi, XXVI International Congress of Physiological Sciences, Department of Physiology, All India Institute of Medical Sciences, 1974.
5. Brahmanand Gupta, "Indigenous Medicine in Nineteenth and Twentieth-Century Bengal", in Charles Leslie. (ed.) *Asian Medical System: A Comparative Study*, London, University of California Press, 1977.
6. D.P. Chattopadhyaya, *Science and Society in Ancient India*, Calcutta, Research India Publications, 1977.
7. D. Banerji, "Places of the Indigenous and Western Systems of Medicine in the Health Services of India", *International Journal of Health Services*, 9, 3, 1979, pp. 511–19.
8. David Arnold, "Medical Priorities and Practice in Nineteenth-century British India", *South Asia Research*, 5, 2, 1985, pp. 167–83; David Arnold "Touching the Body: Perspectives on the Indian Plague, 1896–1900" in Ranjit Guha (ed.), *Subaltern Studies V*, Delhi, Oxford University Press, 1987; David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Delhi, Oxford University Press, 1993; David Arnold *Science, Technology and Medicine in Colonial India: The New Cambridge History of India*, III 5, Cambridge, Cambridge University Press, 2000.
9. David Arnold, "Medical Priorities and Practice in Nineteenth-century British India", *South Asia Research*, 5, 2, 1985, pp. 167–83; also see David Arnold, Colonizing the body, 1993.
10. David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-century India,* New Delhi, Oxford University Press, 1993, p. 59.
11. Mark Harrison, "Towards a Sanitary Utopia? Professional Visions and Public Health in India, 1880–1914", *South Asia Research*, 10, 1990, pp. 19–40; Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859–1914*, Cambridge, Cambridge University Press, 1994.
12. David Arnold, Colonizing the body 1993, Mark Harrison, *Public Health in British India: Anglo Indian Preventive Medicine 1859–1914*, Cambridge, Cambridge University Press, 1994.
13. Neshat Quaiser, "Colonial Politics of Medicine and Popular Unani Resistance", *Indian Horizons*, April–June 2000, pp. 29–42.
14. Ibid., p. 40.

15. Seema Alavi, "Unani Medicine in the Nineteenth-century Public Sphere: Urdu Texts and the Oudh Akhbar", *The Indian Economic and Social History Review*, 42, 1, 2005, pp. 101–29.
16. Ibid.
17. Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850–1945)*, New Delhi, Orient Longman, 2006.
18. Ibid.
19. Deepak Kumar, "Unequal Contenders, Uneven Ground: Medical Encounters in British India, 1820–1920", in *Western Medicine as Contested Knowledge*, pp. 172–90.
20. Ibid., p. 186.
21. Deepak Kumar, *Science and the Raj, 1857–1905*, Delhi, Oxford University Press, 1997; also see "Unequal Contenders, Uneven Ground".
22. Mridula Ramanna, "Indian Attitudes towards Western Medicine: Bombay, A Case Study", *The Indian Historical Review*, XXVII, I, January 2000, pp. 44–55.
23. Ibid., p. 44.
24. Ibid., p. 48; It is interesting to note that Sir Cowasjee Jehangir, CSI, in 1869 constructed a Fountain in Regent's Park London. This information is inscribed on the fountain in Regent's Park. It further mentions that a wealthy Parsee Gentleman of Bombay had donated money for this fountain 'as a token of gratitude to the people of England for the protection enjoyed by him and his Parsee Fellow countrymen under the British rule in India'.
25. Anil Kumar, *Medicine and the Raj: British Medical Policy in India, 1835–1911*.
26. Ibid., p. 221.
27. Ibid., p. 222.
28. Ibid., p. 223.
29. Ibid., p. 10.
30. Mark Harrion, *Health Medicine and Empire: Perspectives on Colonial India*, p. 10.
31. Ibid.
32. P. Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective*, pp. 90–1.
33. Charles Leslie, "The Ambiguities of Medical Revivalism in Modern India", in *Asian Medical Systems*, London, University of California Press, 1977, pp. 356–67; Barbara D. Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan", *Modern Asian Studies*, 19, 1985, pp. 1–28.
34. Paul R. Brass, "The Politics of Ayurvedic Education: A Case Study of Revivalism and Modernization in India", in Susanne Hoeber Rudolph and Lloyd I. Rudolph (eds.), *Education and Politics in India: Studies in Organization, Society and Policy*, Delhi, Oxford University Press, 1972, pp. 342–74.
35. Ibid., p. 371.
36. P. Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective*.
37. C. Leslie, "The Ambiguities of Medical Revivalism in Modern India", pp. 356–67.
38. Ibid., p. 357.
39. A. Kumar. *Medicine and the Raj: British Medical Policy in India, 1835–1911*.
40. Vijay Prashad, *Untouchable Freedom: A Social History of a Dalit Community*, New Delhi, Oxford University Press, 2000.
41. Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India*, New Delhi, Permanent Black, 2001.

42. Ibid.
43. C. Leslie, "The Ambiguities of Medical Revivalism in Modern India", p. 363.
44. Ibid.
45. B. Gupta, "Indigenous Medicine in Nineteenth and Twentieth–Century Bengal , pp. 373–75.
46. Ibid.
47. P. Bala, *Imperialism and Medicine in Bengal*, pp. 91–2.
48. D. Kumar, "Unequal Contenders, Uneven Ground: Medical Encounters in British India, 1820–1920", pp. 180–82.
49. Anil Kumar, "The Indian Drug Industry under the Raj, 1860–1920", in *Health Medicine and Empire*, New Delhi, Orient Longman, 2001, pp. 356–85.
50. Richard Lannoy, *Benares: A World within a World– The Microcosm of Kashi Yesterday and Today*, Varanasi, Indica Books, 2002; L.P. Vidhyarthi, Makhan Jha and B.N. Saraswati, *The Sacred Complex of Kashi: A Microcosm of Indian Civilization*, Delhi, Concept Publishing Company, 1979; Diana L. Eck, *Banaras: City of Light*, New Delhi, Penguin Books, 1983; M. A. Sherring, *Benares: The Sacred City of the Hindus*, Trubner and Co., 1868, (reprinted Delhi, 2002); Sandria B. Frietag (ed.), *Culture and Power in Banaras: Community, Performance, and Environment, 1800–1980*, Delhi, Oxford University Press, 1989; Nita Kumar, *The Artisans of Banaras: Popular Culture and Identity, 1880–1986*, New Delhi, Orient Longman, 1995. David Arnold, "The Ecology and Cosmology of Disease in the Banaras Region," in *Culture and Power in Banaras*, Delhi, Oxford University Press, 1989, p. 259.
51. Shri Gopal Prasad Khatri established *Nagari Pracharini Sabha* on 16th July 1893. *Hirak Jayanti Granth, Kashi Nagari Pracharini Sabha,* Kashi, Kashi Nagari Pracharini Publications, 1955, p. 48.

1

Health and Healing Practices in Banaras: Patterns of Patronage

This chapter tries to assess developments in health and healing practices in Banaras and the patterns of patronage which influenced these developments. Western and Indian authors writing on religio-cultural aspects of Banaras highlight its rich history of medical knowledge and its prominence in traditions of Ayurveda.[1] The 'father of Indian medical science' 'Dhanvantri', the 'physician of gods', is said to have imparted his skills and knowledge to Sushruta at this site.[2] Various classical works on Ayurveda such as the *Sushruta Samhita,* the *Chikitsa Kaumudi,* and the *Chikitsa Darshan* were written in Banaras.[3] Banaras also evolved as a centre of Unani system of medicine with the rise of Muslim power in northern India from the twelfth century and Western allopathic medicine was introduced with the advent of British rule along with Christian missionaries during the late eighteenth century.[4] Plurality in healing practices is one of the characteristic features of *Banarsi* with Ayurveda, Unani, Allopathy, on offer along with homoeopathy, folk medicine and witchcraft. Providing instruction in Ayurveda or Unani medicine was also a means to increase recruits from the *Vaidyas* and other communities featured by a convention of medicine practice. On their recruitment, the superiority of western medicine, irrespective of quality and cost, would be recognized. Certain temples, shrines, ghats and wells are believed to posses a healing power, that is, a capacity 'to cure, protect and treat the suffering.'[5] In the second half of the nineteenth century, the Allopathic

system of medicine seemed to dominate the scenario, marginalizing the indigenous systems of medicine, that is, Ayurveda and Unani.

Several Indian historians attribute this decline to State patronage for western medicine. According to them, till 1830 the East India Company extended its patronage to various health and healing practices and then it withdrew its support from Ayurveda and Unani. Officially sponsored institutions emerged in which western medicine was given pre-eminence. Question arises as to whether the decline of indigenous medicines was solely due to patronage for western medicine. State patronage to western medicine did strengthen its popularity but it did not completely replace the indigenous healing culture and practices and in fact, it coexisted with other medical systems. 'Nationalist' historians have probably underestimated the role of indigenous agency both in the popularization of western medicine and as practitioners, consumers and entrepreneurs in other fields of medicine as well.

In this context, this chapter tries to examine the reasons why different sorts of people chose to patronize a particular practitioner, or a particular kind of medical practice. It also explores the way in which debates around medical practice were important to the shaping of identities in a reconstituted public sphere. Patronage for a particular medical practice was invested with different meanings for different social strata. For some, 'speaking for' the health of 'the public' was an assertion of civic standing. For others the choice of a medical practitioner, technology or product was a way of affirming 'statuses' in the society. The first half of the chapter outlines this sphere where western medicine had all the advantages of colonial intervention. The latter half of the chapter shows how 'native' patrons were also very important to the status which western medicine came to enjoy. It goes on to assess how public discussion about sanitation and medical practice constituted a new frame of civic life.

Official Sponsors

The British construed Banaras as a culturally and epidemiologically disturbed space. Banaras was different from other pilgrim sites in two ways: one, it was visited by pilgrims throughout the year whereas at other pilgrim centres, the pilgrim influx was limited to once or twice a year related to certain festival rituals. The reason, which brings pilgrims throughout the year, is that 'death' in Kashi is acclaimed as a great blessing, freeing one from the cycle of re-birth.[6] As Diana Eck points out

this is one of the reasons why the cremation sites Harishchandra Ghat and Manikarnika Ghat are in the midst of a busy city, instead of outside it as polluted ground.[7]

The many sites touched upon by pilgrims on their way to Banaras and the dense crowds, which accumulated here, were treated as a major factor in the outbreak of epidemic disease.[8] The pilgrims' route was often described as a 'death route' with large numbers of devotees succumbing to disease along this path. In this understanding of contagion, human beings were cast as the agents of disease more than conditions attributed to the air and soil.[9] The pilgrims or travellers were the prime carriers of the diseases and particularly cholera contagion not only spreading it around them but also, leaving it behind when they departed. 'They (the pilgrims) not only die themselves but leave a track of death and misery'.[10] The Sanitary Commission of 1899 reported with dismay that 'one party of pilgrims from Nainital journeyed in 1889 to Allahabad, Banaras, Gaya, Baidyanath, Calcutta, and Puri before some of their members fell victim to cholera.'[11] With even greater specificity, another report stated that Bimla Devi, who died from the disease at Hardwar in March 1927, came from Burdwan in Bengal and had visited Gaya, Banaras, Ayodhya and Nimsar en route to the Haridwar *mela*.[12] David Arnold illustrates with ample evidence that Banaras was in fact subject to wider patterns of human mobility and mortality. Constantinople Sanitary Conference of 1866 stressed the correlation between human mobility and epidemic mortality. The Ganges belt was regarded as a source of cholera epidemics that afflicted Europe since 1830. To prevent embargoes on British ports and maritime quarantines from crippling British commerce the Government of India had to show that it was doing something to bring the routes and sites of the pilgrimage into sanitary management.[13] During the mid-1890s Robert Koch's identification of the cholera bacillus and Ronald Ross' discovery of the mode of contraction of Malaria and the Bubonic Plague in India, led to a shift from the environmental paradigm. For Cholera, western medical techniques included the use of latest laboratory techniques, including microscopy. The severe impact of the disease on European troops in India, enhanced the incentive for its intensive investigation and the quest for effective remedies for its permanent cure.

In fact, 1820 onwards, a shift in medicine took place from European health to environmental, economic and social forces, leading to the

establishment of a 'topographical' or 'environmentalist' tradition of colonial medicine in India from the nineteenth century and onwards. It took place on humanitarian grounds to eradicate epidemic and endemic diseases devouring the nation during that era. It is interesting to note that Government of India took anti-contagionist stand as against the contagionist stand of the international sanitary conference till 1890s because of two main reasons: to prevent itself from irresistible argument for quarantines and tighter international sanitary control over India's overseas trade and to avoid political backlash in India they took non-interventionist approach.[14] But by 1890, as contagionism finally gained official acceptance, the State was forced to recognize a greater practical responsibility for the health of its subjects. In 1892, the Government of the North-Western Provinces took the bold step of breaking up the *Mahavaruni mela* at Hardwar at the end of March.[15] Although no physical resistance was reported, due to the growing force of Hindu militancy, cow protection riots and still fresh memories of 1857, the Government of India reminded the Government of North-Western Provinces of the political inadvisability of interfering with Hindu pilgrimages and fairs.

> 'The best protection against an outbreak of cholera at large assemblies is to be found not in interference with the movements of the people, but in good sanitary arrangements both at the fair itself and on the routes taken by the pilgrims.'[16]

Taking Banaras into sanitary management was an important issue because it was regarded as a source of epidemic disease and also because it was along a vital artery of trade. Banaras also had a cantonment, and authorities in the military realized that they could not keep soldiers and officers free from diseases by sanitary measures restricted to that locality. Interaction between army and civilians could be reduced but not eliminated. Through various public health interventions colonial administrators tried to sanitize Banaras and the *Banarsis*.

The 'Municipalization' of Urban Space in Banaras

One mode of intervention was the enforcement of rules and regulations through municipalization. In 1867, Banaras was brought under the Municipal Act XXVI of 1850 and a department of Public Health was created in 1868.[17] Local self-government expanded with the first municipal election, which was held in 1883. Of the 25 members, 18 were now elected, most of them drawn from Hindus.[18] 21 native members

were of the elite class such as *zamindars* and business class. This reflects the nature of colonial administrator's relationship with indigenous elites. Since colonial authorities had by then realized that they could not intervene in the social spectrum without the co-operation of Hindu and Muslim leaders. With this in mind, it had pursued a policy of 'co-operation' with the respective leaders by asserting the 'common interests' with them. However, native elites also tried to situate themselves in the changing scenario through their participation and drew the authority from their position to assert their power over *Banarsis*. The number of members increased to 117 in 1891 in the Banaras municipality.[19] The setting up of a municipality which instituted and enforced sanitary rules gave the government new power to re-shape urban space and to intervene in every day life. At the ground level sanitary intervention took the shape of schemes for water supply and arrangements for sewers and drainage. The municipalization of the urban space gave powers to the authorities to appropriate land use for sanitation purposes, to inspect for health reasons and to formulate sanitary rules such as rules for the assessment and collection of drainage tax, and house tax and to fine for non-observance. For instance 'erecting buildings, & C., without permission, over sewers,' could draw a fine of Rs. 50.[20] They were also authorized to penalize any person 'for interference with or damage done to works constructed by the board such as for fouling of streams, and for breaches of rules made by the local government or by a municipal board.'[21]

By the end of nineteenth century western sanitary ideas were gaining at least partial acceptance among many *Banarsis*. David Arnold has given the example of the *Kashi Ganga Prasadhani Sabha*, an association set up at the initiative of the Raja of Banaras and his Diwan in 1886 to construct a separate sewer lane to keep bathing ghats clean.[22] It is remarkable that many newspaper editors in Banaras and neighbouring towns associated themselves with the cause of sanitation. The editor of the Hindi newspaper the *Hindi Hindosthan* called upon the educated section to form an association to spread sanitary knowledge so people would improve the sanitation of their house.[23] A correspondent of *Awaza-i-Khalq* of the 19 January 1906 complained bitterly about the scarcity in the supply of piped water and remarked sarcastically that 'if municipal board cannot arrange to supply sufficient pipe water to the people, it had better stop its supply.'[24] Munshi Ganga Prasad Varma, editor of the *Advocate* and the

Hindustani suggested that municipalities had to have a greater share of tax revenues to make significant improvements:

> … drainage systems should be improved … narrow roads in congested areas should be widened and model houses for the poor should be constructed. As municipalities cannot afford huge expense so government should cut short its railway programme and spend more money on the schemes of people's health … the excise and income taxes, if necessary should be made over to municipalities for sanitary improvements … and the government should advance loans to municipality on easy terms.[25]

However sanitary intervention could also generate alarm for resistance. There were different responses as well. For instance, a widespread rumour in Banaras and other towns of northern India at the time of plague epidemic in 1900 was that the British were deliberately spreading the plague by poisoning the municipal water supplies to get rid of a troublesome populace or to break down caste and religion.[26]

In the second decade of the twentieth century Banaras municipality also passed many by-laws 'to protect the public and the pilgrims from the stale food items', blamed for cholera and other diseases. These regulated the sale of various food items such as fish, meat, sweetmeats, milk and aerated water. A. W. Pim Secretary of the Municipal Department of United Provinces in 1916 passed a 'By-law for the Regulation of the Sale and Transport of Meat in the Benares Municipality'.[27] It laid down that only those who had acquired a license from the municipality could engage in the sale of meat. The Licensee had to pay an annual fee and could be penalized for breach of certain standards laid down for the vendors or shopkeepers selling food items.[28] Thus, 'License' and 'penalty' were the two important constituents of these by-laws. In other words, the government empowered the authorities to issue a license, to cancel a license on certain grounds, or could also impose fines for any breach of provisions. These by-laws were also extended to the municipalities of Mirzapur, Jaunpur, Ghazipur and Ballia of Banaras division. The editor of the *Hindi Hindosthan* sought to inform his readers about the benefit of the licensing system for the sale of foodstuffs. He explained that it was a kind of certificate, which guaranteed reliability, and authenticity of the product.[29]

The Health Officer employed in the sanitary and the municipal department also tried to disseminate 'new' ideas about health, disease

and its prevention. Pandit Kali Charan Dubey, a Brahmin Health Officer in the Public Health Department of Banaras wrote a tract pointing out that Cholera was caused by consuming stale and fly infested food and it could be prevented by eating fresh and covered foods.[30] These by-laws and licenses generated tensions between the vendors and shopkeepers. It offered certain possibilities to license holder shopkeepers to widen their customer clientele because the customer in order to buy pure and fresh products developed faith in '*sarkari maal* and *dukan*' (government products and shop).[31] But vendors and small shopkeepers had to face stiff competition from the big licensed shopkeepers and faced adverse consequences in the form of huge fines or even confiscation of their products. *Abhyudaya* reported that municipal authorities had taken away everything from Ramlal's shop, a sweetmeat seller at Godawlia in Varanasi and was imposed a fine of rupees 30, for not holding a license.[32]

The municipality also undertook vaccination and inoculation and officials adopted multiple strategies to popularize them.[33] David Arnold with reference to the *Report of the Smallpox Commissioner* writes, 'they elicited from the *pandits* of Banaras a statement that vaccination was not a contravention of *Shastras*'.[34] To overcome popular resistance, the Vaccination Officers sought the assistance of Indian government servants, newspaper editors, municipal councillors, *zamindars* and the Raja of Banaras. Arnold points out that in 1878 discussing the prospects for vaccination, J. MacGregor, the regional Superintendent of vaccination, mentioned in 1878 that 'an alteration in social customs to be successful in India, as in other countries, must take firm root in the upper strata before it penetrates downward to the masses'.[35] When a *zamindar's* child was vaccinated, the *ryots* he said submitted their children without any hesitation and resistance. But vaccination was also viewed with great suspicion. One of the rumours, was that it was an attempt by the British to find a child with white blood (or milk) in its veins, the *mahdi* or the *kalki*, who would otherwise drive the British out of India.[36] Despite a variety of responses towards vaccination, the sanitary commission always reported an increase in number of people vaccinated.[37] But analysis of the Table 1.1 on Disease Specific Death Rate and Table 1.2 on the Infant Mortality Rate (IMR) gives a different picture.[38] Table 1.1 shows a sharp increase in disease specific death rate from 1877–1880 onwards which falls sharply after 1900 with some minor fluctuations. On the contrary, infant mortality rate shows a rising trend from 1881 onwards. Although it

shows a little decline after 1911 but even then IMR during 1911–1940 was high as compared to 1881–1910. Here the idea is to show the people's response towards vaccination. The increase in number of vaccinated people in Banaras clearly reflects the increasing acceptance of western medicine among *Banarsis*.

Table 1.1: Decennial Disease Specific Death Rate, 1877–1940

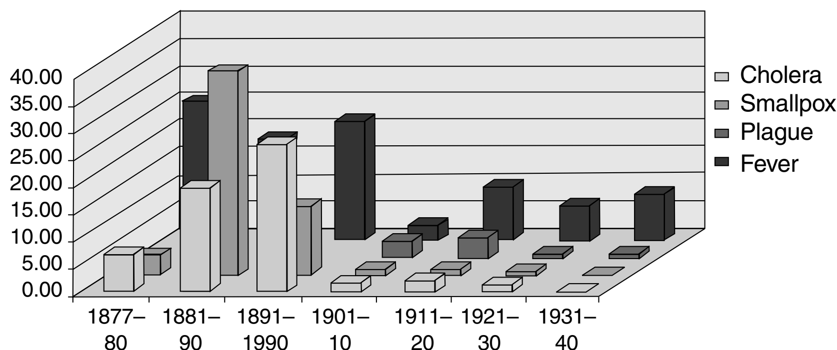
Year	Cholera	Smallpox	Plague	Fever
1877–80	6.87	3.50		25.53
1881–90	19.00	37.44		18.43
1891–1900	26.98	12.52		21.77
1901–10	1.74	1.09	3.05	2.81
1911–20	2.15	1.12	3.61	9.71
1921–30	1.49	0.62	0.77	6.35
1931–40	0.33	0.18	0.79	8.66

Table 1.2: Decennial Infant Mortality, 1881–1940

Year	Infant mortality
1881–90	150
1891–1900	177
1901–10	200
1911–20	280
1921–30	250
1931–40	225

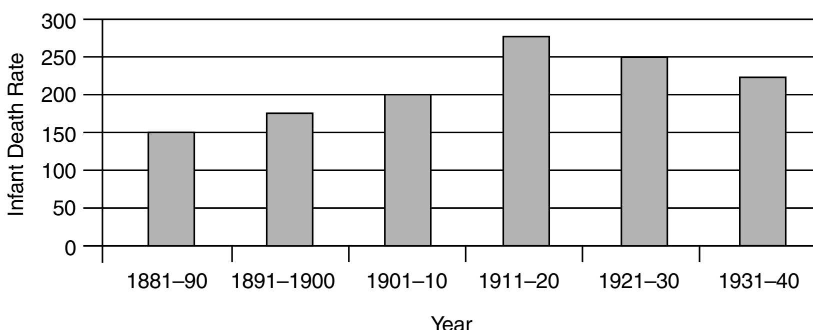
Following are the graphical representations of Table 1.1 and 1.2 respectively:

Graph 1.1



Sources: *Census of India*, NWP, Part I, Report, Allahabad, of respective years: 1881, 1891, 1901, 1911, 1921, 1931, 1941; *Annual Report of the Sanitary Commissioner of the North-Western Provinces and Oudh*, Government Press, Allahabad; *Annual Report of the Director of Public Health of the United Provinces*, Government Press, Allahabad, 1923–35; Cochrane, A.W.R, *Triennial Report of Civil Hospitals and Dispensaries of UP*, Years 1920, 1921 and 1922, Allahabad, 1923.

Graph 1.2



Sources: *Census of India*, NWP, Part I, Report, Allahabad, of respective years: 1881, 1891, 1901, 1911, 1921, 1931, 1941; *Annual Report of the Sanitary Commissioner of the North-Western Provinces and Oudh*, Government Press, Allahabad; *Annual Report of the Director of Public Health of the United Provinces*, Government Press, Allahabad, 1923–35; Cochrane, A.W.R., *Triennial Report of Civil Hospitals and Dispensaries of UP*, Years 1920, 1921 and 1922, Allahabad, 1923.

Municipalization, the establishment of hospitals and dispensaries purely based on allopathic medicine certainly created a new kind of environment where western medicine seemed to gain popularity pushing indigenous medicine and medical practitioners in the shade. By the end of the nineteenth century there were six hospitals and dispensaries in the Banaras region of which Prince of Wales Hospital established in 1812, was the biggest one. Its daily average number of patients during 1891 was 42.68 as compared to other existing hospitals and dispensaries (see Table 1.3).

In 1889 the total number of patients treated in the dispensaries of Banaras was 88610 of which 86300 were treated as outdoor patients and 2310 indoor. Daily average numbers of male patients were 76.22 and female patients were 32.23.[39] These figures as compared to the population of Banaras are not significant at all. Population of Banaras in 1891 was

921943.[40] But these figures show that in Banaras a very small number of people could make use of western medical facilities.

Table 1.3: Statement Showing the Accommodation and the Number of Beds Available at Each Dispensary in the Banaras District during the Year 1891 and the Average Number of Patients Accommodated

Name of Dispensary	Male I	Male II	Male III	Female I	Female II	Female III	Total I	Total II	Total III
Prince of Wales Hospital Banaras	48	42	39.55	–	–	3.13	48	42	42.68
Prince of Wales Female dispensary Banaras	–	–	–	36	30	25.26	36	30	25.26
Banaras Bhilupur Hospital	20	20	17.82	–	–	–	20	22	17.82
Bhilupur female dispensary	–	–	–	12	12	7.20	12	12	7.20
Chandauli hospital	6	6	4.31	2	2	.75	8	8	5.06
Sikraul hospital	20	20	4.99	–	–	4.05*	20	20	9.05

Notes: I = accommodation; II = beds; III = daily average number accommodated during 1891; *treated in Raja Kali Shankar Asylum.

Source: Index No. 22, Medical Branch, Home Department, Proceeding Volume, August 1892, p. 472.

Indigenous Patrons: Social and Professional Standing

Rajas and Zamindars, the Rais and the Urban Commercial Classes

Even when the East India Company began to withdraw its support for *vaidyas* and *hakims* in 1830, the Banaras Rajas and the Zamindars continued to extend their patronage.[41] For instance, Vaidya Trimbak Shastri and the Hakims Muhammad Hadi (born 1825), Muhammad Jafri (born 1854) and Mazhar-ul-Hasan (born 1867) served as court physicians (*tabib-i-khas*) to the Banaras Raj.[42] From the second half of the nineteenth century the Rajas of Banaras also began to constitute themselves as patrons of western medicine. They started giving land grants and donations for the establishment of hospitals and dispensaries. One of the oldest dispensaries in Varanasi was established in 1812 on the land donated by the Maharaja of Banaras. It was named the Prince of Wales Hospital in 1886, and after independence renamed as Shiv Prasad Gupta Hospital. In 1894 Maharaja Deo Narain Singh, descendant of the famous

Raja Cheit Singh also donated land for the construction of a hospital at Gyanpur.[43] It is interesting that in doing so, he managed to get a deal with the authorities that the hospital should be named after his ancestor, Raja Cheit Singh even though the latter was regarded as a rebel. The Government of India expected Indian rulers to display their 'progressive' leanings by public support for western medicine and rewarded them in turn with various titles and membership of European clubs.

> … the Maharaja of Benares, – descendant of famous Raja Cheit Singh, – a person of much amiability and geniality of disposition, who, by reason of these excellent qualities, and also of the high station he occupies, **commands the respect** of all classes.[44]

For the support he extended to western medicine and donation for hospital along with other philanthropic activities, Raja Deo Narain Singh was appointed the member of the Legislative Council of India and honoured with the title 'Knight Commander and Star of India' (K.C.S.I.)[45] However, with their association to the colonial ruler, the Rajas also tried to reassert their status on their people (so-called subjects). Three other hospitals at Chakia, Naugarh and Gopiganj in Banaras took their names from the then reigning Rajas – the Maharaja Ishwari Narain Hospital, the Maharaja Aditya Narain Singh Hospital, and the B. N. Singh Hospital each started in 1911, 1931, and 1932 respectively.

However, the Banaras Raj also contributed to Ayurvedic institutions. 'Kashi Naresh' Maharaja Sir Prabhu Narayan Singh inaugurated an Ayurvedic hospital and school named 'Shree Chutkamal Gokulchand Datavya Ausadhalaya and Pathshaala' on 1st September 1920.[46] Banaras Hindu University (BHU), which introduced a proposal for indigenous medical institutes, derived donations from many Rajas and Maharajas at different stages.[47] However, the patronage extended by the Banaras Raj to indigenous medicine was largely restricted for individual Unani and Ayurvedic practitioners. It seems that no indigenous practitioners approached them with a plan for an indigenous medical institution and the royal family did not take the initiative itself. If it had been approached for institutional support by *vaidyas* or *hakims* their response would have been very rewarding because no differential attitude among the donors is found. The willingness of donors to contribute both to western and indigenous medicine is evident from the list of donors of BHU. Medical college of BHU is one of the best examples of the synthesis between

western and indigenous medical education and practices. Madan Mohan Malviya, born on 25th December 1861 in an economically weak but pious and religious family, strove hard for the establishment of BHU,[48] with the support of Maharaja Sir Prabhu Narayan Singh of Banaras.[49] One of the aims in 1905 was 'to advance and diffuse scientific and technical knowledge through the medium of Sanskrit and Indian vernacular.'[50] There were two groups over the issue of medium of instruction. One group supported the usage of Sanskrit and Indian vernaculars but others wanted integration of western science and also English as a medium of instruction along with Sanskrit and other vernaculars for giving instructions.[51] Regarding medical sciences in the old scheme of 1905 it was proposed to set up an Ayurvedic College with laboratories and botanical gardens with a first class hospital and a veterinary department.[52] Here a shift can be seen in Madan Mohan Malaviya's position between 1905 and 1911.[53] After a lot of discussion regarding the medium of instruction and integration of western knowledge the objectives were revised in 1911. The objective related to science was revised as:

> … to advance and diffuse such scientific, technical and professional knowledge, combined with necessary practical training, as is best calculated to help in promoting indigenous industries and in developing the material resource of the country… .[54]

The new scheme of 1911 intended that:

> The proposed medical college should be able to bring the Hindu system of medicine up to date and enrich the same by the incorporation of the marvelous achievement which modern medical science had made in anatomy, physiology, surgery and all other departments of the healing art, both on the preventive and curative side. The aim of the institution was to provide the country with vaidyas well qualified both as physicians and surgeons.[55]

His proposal was widely accepted. In order to collect donations, he issued an appeal to the public on 15 July 1911, for a crore of rupees. Under his leadership, twenty eminent men travelled from place to place to collect donation. His appeal made a huge impact on people:

> The idea of the Hindu University really caught the imagination of the people who really opened out their purses and their hearts for

the University, the moment they were acquainted with its aims and objects.[56]

People from every walk of life contributed to the establishment of BHU and with this in mind the medical institute in BHU aimed at an amalgamation of the western and Ayurvedic medical system. Not only the Maharaja of Banaras, a great patron of arts in his own right, but also some of the wealthy traders, landowners, and moneylenders, mostly of local *Vaishyas* castes, or *Gujratis*, *Agarwalas*, *Punjabi Khattris* and aristocratic families of the city were also patrons of healers as also of poets, or musicians and dancers.[57] During the second half of the nineteenth century court retinues, deprived of the patronage of the Moghul court at Delhi and of the Nawabs of Oudh at Lucknow flocked to Banaras because the 'city provided succour to talented artists on the one hand, and to *pundits* renowned for their scholarship and priestly traditions on the other'.[58] A few of them were known as *shaukeens* (aficionados) who took pride in patronizing music, dance, literature, the theatre, the arts and crafts, even new ideas about 'art of healing' that is medicine and healing caught their attention as well.[59] Harish Chandra, the noted Hindi laureate, was one of such *shaukeens* in Banaras during the second half of the nineteenth century, of whom it was said that "anything new aroused his curiosity", *Homoeopathy* caught his fancy and he set up a free dispensary, spending about one hundred and twenty rupees a month and sometimes he prescribed medicines himself.[60]

Another such person, Raja (Sir) Motichandra still lives in popular memory.[61] Motichandra was not involved in cultivating a new interest. He simply patronized and donated money for various social activities. He admired Emperor Akbar and wanted to emulate him.[62] To show his *raisi* he also emulated an European lifestyle, for instance, he used prefix 'Sir' before his name and also wore a hat. Due to his social interest and association with the British, Motichandra was first elected Chairman of the Banaras Municipal Corporation.[63] Thus, one finds that along with members of the Royal family, the *rais* and the traditional *rais* also donated money for the establishment of hospitals and dispensaries.

With the expansion of commercial activities in the second half of the nineteenth century the urban commercial classes also begin to rival the Rajas as patrons of philanthropic activities. The Banaras Rajas donated the land for these hospitals but merchant classes made up the major

portion of their endowments as C.A. Bayly points out that the cause of expansion in patronage from Royal gentry to urban commercial classes were the economic and political developments of the latter half of the nineteenth century, which led to the rise of urban mercantile communities.[64] Among these urban commercial groups the Marwari Banias originally from Rajasthan were especially concerned to establish a prominent place for themselves in Banaras.[65] In 1916 a wealthy Marwari Seth Laxmi Narain had established 'Laxmi Narain Marwari Hindu Hospital'.[66] The business communities also established some charitable Ayurvedic hospitals. For example, a Marwari businessman Chutkamal Gokulchand, a religious person donated land and money for the construction of an Ayurvedic institution with an attached dispensary. He constituted a committee with Vaidya Shree Niwas Shastri as a president who established an institution for Ayurvedic education on modern lines.[67] In 1920, it began with seven students who were provided with boarding and lodging facility. A charitable dispensary was attached so that the students could acquire practical training besides giving free treatment to the patients. Vaidya Shree Niwas Shastri in his first half yearly report stated, "within four months 8929 patients were treated with an average of 67 patients per day'.[68] Similarly Baldev Birla, another *Marwari* businessman opened an Ayurvedic hospital in 1941 which subsequently also offered Allopathic treatment.[69] The expansion of urban market and commercial activities gave way to other castes and communities as well, such as *Rajputs* and *Bhumihars*. These newly emerged mercantile communities found themselves in possession of wealth but in need of a status. They resolved this dilemma through their conspicuous patronage for the construction of religious buildings, hospitals and dispensaries. In turn these social activities acted as the vehicle for legitimating their status, religious merit and good public relations.

Government Employees

Petty government servants also assisted in the popularization of western medicine, perhaps it improved their standing with European surgeons but it also enhanced their social position as interpreters of modernity. Many government employees in Banaras region such as *Tahsildars* and Deputy Magistrate of Azamgarh and Gazipur took the initiative to popularize vaccination. These individuals were of a 'respectable' class because they were appointed by the British as *tahsildar* or deputy magistrate of the district.[70] Munshi Raghunandan an honorary secretary

of the district board in Banaras was one such person who had assisted the vaccination drive during the year 1895-96.[71] However, such interventions were also made as an act of piety. In his novel *Godan*, Premchand[72] describes a revenue clerk Pateshwari who

> … arranged recitations of *Satya Narayan Katha* on every full moon … distributed free government quinine during the malaria season.[73]

It also reflects that a directive from the government was transformed into an act of piety. This desire for salvation was one of the many reasons for the urban commercial classes and government servants to donate money for the construction of various charitable institutions such as schools, dispensaries and *dharamshalas*. This resulted in the establishment of many charitable hospitals during the twentieth century. For instance, 'Ramakrishna Mission Home of Service' came up in 1900, 'Hindu Seva Sadan Hospital' by *Arya Samaj* came up in 1931 and 'Vallabhram Saligram Charitable Hospital' was established in 1948.[74] It was interesting to note that these hospitals facilitated the service of Allopathic, Homeopathic and Ayurvedic medicines. These charitable hospitals were the kind of public organizations in which Government servants could associate with and assist in the name of 'social service'.

Testimonials from Patrons

Persons holding some *sarkari* position also extended their patronage to medical practitioners in various forms, which could be publically circulated. *Vaidyas* and doctors sought testimonials from police superintendents, teachers or doctors affiliated with important households or institutions and requested them to write a foreword or preface to the tracts they published. In his foreword to *Arogya Shastra* [A Treatise on Health] written by Acharya Chatursen Shastri, Munshi Narayan Prasad Asthana wrote:

> … [Shastri] is well known in the literary and medical world … [the tract will be of] great public utility … plain and understandable language … for the guidance of those who wish to keep themselves healthy and fit … author's reputation will be thoroughly maintained by this publication … .[75]

European officials also canvassed for endorsements. A retired I.M.S. Officer, Colonel Sir James R. Roberts, M.B. wrote a foreword to a medical

tract *Kşayarōga Aur Uski Chikitsa* [Tuberculosis and its Treatment] written by an Allopathic as well as Ayurvedic practitioner Ambalal Sharma.[76] Roberts praised Ambalal Sharma perhaps because he thought that such men commanded client networks through which a 'scientific' understanding of disease could be disseminated. He wrote:

> … Dr. Ambalal's … description … can be followed by the average intelligent person. So many sanitary and anti-hygienic sins are committed in India that is no wonder, these have to be paid for by disease and suffering. This insidious plague of Tuberculosis is one that results from these faults, and it is a knowledge of its nature and ravages that this book will diffuse. This makes it therefore a valuable work on this account. I hope it will be read by the large number of educated people in India whose mother tongue is Hindi.[77]

These testimonials were a mutual confirmation of social status and professional credentials and a way of advertising one's services and widening one's clientele. The *griha chikitsak* of the Nawab of Murshidabad, Satishchandra Mukherjee and Yatishchandra Mukherjee testified that – 'Pandit Kripa Ram had treated one patient suffering from an old history of leprosy in their presence. He had also treated many other leprosy patients.'[78] An acknowledgement of a person of the medical skills rested much on cultural norms and social network as on 'scientific' training. Services and skills, which had been earlier, restricted to ruling classes, also became accessible to a middle order of society.

The Search for a Public Platform: the Role of 'Kashi Nagari Pracharini Sabha'

This search for patronage could lead medical practitioners towards literary associations and broader political platform. The role of *Kashi Nagari Pracharini Sabha* (hereafter NPS) founded in 1893 by Sri Gopal Prasad Khatri and some young students of Queens Collegiate School in Banaras are illuminating.[79] Its main aim was the development and promotion of the Hindi language and 'Nagari' script and it became the centre of a network of Hindi scholars both locally and throughout northern India, with distinguished British orientalists like George Grierson and Edwin Greaves among its members. To fulfill its main objective, NPS also linked the language issue with other issues of community interests like education, and with exclusively Hindu

ritualistic symbols.[80] To popularize Hindi language it launched a series of lectures in *Vyakhyanmala*, by eminent authorities, officers and intellectuals in which issues of health, disease and sanitation were included along with other subjects such as psychology, architecture, sociology, history and politics.[81] As the controversy between Hindi and Urdu grew deeper, the NPS started publishing books in Hindi on a variety of subjects including medical science and technology to project the inherent potential of Hindi.[82] Promoters of Hindi also tried to invoke favour for *Nagari* script and Hindi language with the publications related to science and technology in its tussle for dominance vis-à-vis other dialects and scripts (*Kaithi*, *Bhojpuri* etc) and Urdu.[83] NPS also started awarding a medal, cash award and a certificate for writings in 'nagari' script on various subjects.[84] Ramnarayan Misra endowed a *Channulal Puraskar* of 200 rupees for best book written on science in 1916.[85] This was named after an Allopathic as well as an Ayurvedic practitioner Channulal who migrated to Banaras from Punjab in 1890s and he was one of the founding supporters and members of Nagari Pracharini Sabha. The analysis of medals presented every year to various writers on biological and medical sciences shows the great amount of effort taken up by NPS to promote writings on western medical sciences and practices in the Hindi language (see Table 1.4).[86]

NPS did not show any favour with Unani system of medicine because they identified it with Urdu, 'Muslims' and 'Islamic' thought and philosophy. *Vaidyas* in Banaras and North West Provinces stressed the relevance of Ayurvedic learning for the broader agenda of Hindu revival and the consolidation of a Hindu religious-cultural identity. In their own writings they bunched together the themes of cow protection, Hindu education and Hindi popularization with Ayurveda. The popularization of Ayurveda can be judged from the number of publication during the twentieth century. In 1917 there were just five books on medicine in Urdu whereas seventeen in Hindi.[87]

The 'Hindustan Academy', a semi-official association run by Indian teachers of Allahabad University was different from NPS in that it sought to bridge the growing communal divide among Hindus and Muslims. It supported the promotion and development of both Hindi and Urdu, awarding cash prizes each year for the best books, and publishing translations and scholarly books on a no-profit basis. An advertisement published asking for books to be nominated for awards stated that the

Table 1.4: Science-related Award Presented by Nagari Pracharini Sabha*

Year	Medal	Person	Work/writing
1924	Dr Channulal Puraskar, Greaves Medal & Radiche Medal	Dr Trilokinath	*Hamare Sharir Ki Rachna*
1929	Batuk Prasad Puraskar and Sudhakar Medal	Premchand	*Kayakalp*
1930		Dr Mukund Swaroop Verma	*Manav Sharir Rhasya*
1933	Dr Channulal Puraskar, Greaves and Radiche Medal	Dr Gorakh Prasad	*Sor Parivar*
1935	Baldev Birla Puraskar, Radiche Medal	Sri Chandravati Lakhanpal	*Siksha Manovigyan*
1936	Dr Channulal Puraskar and Greaves Medal	Dr Sankar Dayal Gupta	*Chayye Rog*
1936	Dr Channulal Puraskar and Greaves Medal	Dr Mukundswarup Verma	*Sankshipt Shalya Vijnan*
1941	Baldevdas Birla Puraskar and Radiche Medal	Sri Laljiram Sukla	*Bal Manovijnan*
1944	Channulal Puraskar and Greaves Medal	Sri Mahavir Prasad Srivastava	*Surya Sidhant*

Sources: On the eve of Diamond Jubilee, *Nagari Pracharini Sabha* awarded *Birla Puraskar* to Sri Laljee Ram Sukla for *Manovijnan Aur Jeevan*, Dr *Channulal Puraskar* to Dr Ganekar, and Dr Daya Swaroop for their writings "*Aupsargik Rog*" and "*Dhatu Vijnan*".

*Compiled from Hirak Jayanti, *Nagari Pracharini Sabha Series*, Kashi, 1954, pp. 113–14.

themes of interest were literature, practical science such as medicine, building-construction technology, engineering, agriculture gardening and handicrafts.[88]

Nita Kumar's ethnography of Banaras gives us an insight into other social locations where a synthesizing approach was adopted towards new ideas about re-crafting the body for health and strength.[89] 'Health Improving Association' of Misr Pokhra in Banaras, as the name suggests, shows the internalization of western notion of health by the founder members. In contrast to *NPS* and Hindustan Academy, this association was more focused on the youth. Established in 1921 by a group of educated young men of Pandey Haweli, it was led by Nityanand

Bhattacharya, a Bengali migrant who also owned Jogeshwar printing press. He belonged to a group of revolutionaries and with just twenty-two members he started a 'Health Improving Association' with dual purpose of self-improvement and social service.[90] To generate awareness about the benefits of good health and to train the youth for the national cause, this association also introduced western methods of freestyle wrestling and equipments.[91] To develop a competitive atmosphere it also organized annual *Dangals*, wrestling and weight-lifting competitions, which were patronized by Rajas, intellectuals, professionals, merchants and traders and the *shaukeens* of the Banaras city, both Hindu and Muslim.[92]

Concluding Remarks

Western Medicine had the advantage of official patronage and the institutional infrastructure provided by the municipality, sanitary commission and public health departments. Scholarship schemes were introduced to encourage the study of western medicine. Employment opportunities in such departments and officially sponsored hospitals and clinics led to an increase in the number of persons practising western medicine. The availability of women doctors, opening of hospitals for women and midwifery training boosted the popularity of western medicine. From the 1920s as the government was called upon to expand its 'welfare and developmental activities', western medicine was drawn into new institutional sites such as that of factory and labour regulation. The Uttar Pradesh Maternity Benefit Act of 1938 was meant to provide maternity benefit to the factory-employed women for, before and after confinement. Mothers who used the services of a qualified midwife or a trained women health visitor were given bonus of five rupees.[93]

On this basis, nationalist and historians of 1970s and 1990s have argued that western medicine pushed indigenous medicine to the social periphery.[94] But the overwhelming proportion of the population was still dependent on other medical practices be it Ayurveda, Unani, Homeopathy or Folk. This multiplicity was strengthened by professionalization and entrepreneurship in medicine.

In addition, the popularization of western medicine cannot be attributed solely to state initiative. The sources of patronage for western medicine were multiple and the reasons for patronage were complex,

subject to variation on an individual basis. The princes, seeking the approval of the colonial regime, and forging a new role for themselves as agencies of public welfare, donated land and funds for hospitals and dispensaries. Traditional elites like Motichandra seeking pleasure by their European lifestyles or like Bhartendu Harishchandra who in order to develop their interests extended their support to western medicine or Homeopathy. The expansion of commerce made merchant communities very powerful patrons of various social activities. One can easily find a Marwari *Seth* making a donation for allopathic hospitals and giving testimonials or financial help to the *vaidyas* or *hakims*, and simultaneously employing *vaidyas*, *hakims* and allopathic doctors in some charitable hospitals.

However their patronage was also extended to indigenous medicine. Protagonists of indigenous cultures in order to revive indigenous system of medicine extended their support to ayurveda or Unani, which in turn got closely associated with political nationalism.[95] Supporters of 'Hindi and Hinduism' wanted to preserve the Ayurvedic system of medicine because it correlated with Hindu identity. Even so persons like Madan Mohan Malaviya wanted to conglomerize best of both Ayurveda as well as Allopathy.

Various local organizations too extended their support to the various healing practices and practitioners with varied reasons. *Nagari Pracharini Sabha* initially popularized western medicine to show the inherent potential of Hindi, but later assimilated Ayurveda to their main agenda of Hindu revival and the consolidation of Hindu religion-cultural identity, whereas the 'Hindustan Academy' patronized both ayurveda and unani to bridge the communal tension among Hindus and Muslims. 'Health Improving Association' came with an interesting purpose of self-improvement, social service and to train the youth for the national movement. Interestingly enough, a wide gulf was created between indigenous and western medicine practitioners due to political intervention and 'professionalization' and certain political agendas and professional rivalries encouraged conflict. However, the multiplicity of the healing culture and practices also seemed to bridge the gap between the allopathic and indigenous medical practitioners. It created competition among practitioners of different medicine, and a specialist in one medical system was also dispensing medicine of the other system in order to gain access and 'control' over clientele. The pattern of patronage

made by different agencies shows an interesting admixture of multiple patrons. What is important is the multiplicity in both patrons and patronized.

However, the experiment of attempting to conglomerate feature of diverse medical traditions did not succeed during the early nineteenth-century. Slow emergence of western medicals was partly due to the existence of indigenous medicine and strong acknowledgement of traditional culturally entrenched therapeutic beliefs and practices. But by the end of nineteenth century western medicine marginalized other healing systems not only due to strong support from state but also from various sections of society as well.

Notes

1. M. A. Sherring, *Benares: The Sacred City of the Hindus*, London, Trubner & Co. 1868, reprinted by Low Price Publications, Delhi, 2002; E.B. Havell, *Benares: the Sacred City*, 1905, Varanasi, Reprinted Low Price Publication, Delhi, 1990; Richard Lannoy, *Benares: A World within a World – The Microcosm of Kashi Yesterday and Today*, Varanasi, Indica Books, 2002; Diana L. Eck, *Banaras: City of Light*, New Delhi, Penguin Books, 1983; Margaret Stutley and James Stutley, *A Dictionary of Hinduism: Its Mythology, Folklore, and Development, 1500 B.C.–A.D. 1500*, London, Routledge & Kegan Paul, 1977; Kuber Nath Sukul, *Varanasi Down the Ages*, Patna, K.N. Sukul, 1974; L.P. Vidhyarthi, Makhan Jha and B.N. Saraswati, *The Sacred Complex of Kashi: A Microcosm of Indian Civilization*, Delhi, Concept Publishing Company, 1979.
2. See *A Dictionary of Hinduism*, p. 75; *Varanasi Down the Ages*, pp. 93–94.
3. *Gazetteers of India, Uttar Pradesh, Varanasi*, Allahabad, Government Press, 1965, p. 344 (henceforth *DG Varanasi*).
4. M. A. Sherring, *Benares: The Sacred City of the Hindus*, London, Trubner & Co., 1868, reprinted by Low Price Publications, Delhi, 2002; E.B. Havell, *Benaras: the Sacred City*, 1905, Varanasi, reprinted by Low Price Publications, Delhi, 1990; Richard Lannoy, *Benares: A World within a World – The Microcosm of Kashi Yesterday and Today*, Varanasi, Indica Books, 2002.
5. David Arnold, "The Ecology and Cosmology of Disease in the Banaras Region", in Sandria B. Frietag (ed.), *Culture and Power in Banaras: Community, Performance, and Environment, 1800–1980*, Delhi, Oxford University Press, 1989, p. 259; also see *The Sacred Complex of Kashi*.
6. Jonathan P. Parry, *Death in Banaras*, Cambridge, Cambridge University Press, 1994.
7. Diana L. Eck, *Banaras: City of Light*, New Delhi, Penguin Books, 1983, pp. 4, 38.
8. See David Arnold, *The New Cambridge History of India III.5: Science Technology and Medicine in Colonial India*, Cambridge, Cambridge University Press, 2000, p. 83.
9. See Sheldon Watts, *Epidemics and History: Disease, Power and Imperialism*, New Haven and London, Yale University Press, 1999, pp. 167–69; David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth–century India*, Delhi, Oxford University Press, 1993.

10. Surgeon-Major H. Caley, "Observations on Cholera in Orissa, and its Connexion with Pilgrimage to Juggernath" in the *Indian Annals of Medical Science*, XVI, XXXII, pp. 409–10.
11. *Annual Report of the Sanitary Commissioner of the North-Western Provinces and Oudh*, Government Press, Allahabad, 1889, p. 21.
12. *Annual Report of the Director of Public Health of the United Provinces*, Government Press, Allahabad, 1927, p. 27A.
13. Mark Harrison, "Quarantine, Pilgrimage, and Colonial Trade: India 1866–1900", *The Indian Economic and Social History Review*, 29, 2, 1992, pp. 117–44.
14. For discussion on contagionist and anit-contagionist debate see , *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-century India*, pp. 190–97.
15. Ibid., pp. 195–96.
16. Ibid.
17. *DG Varanasi*, p. 281.
18. *Report on Municipal Taxation and expenditure in the North Western Provinces and Oudh for the Year 1890–91*, Home, Municipality, Annual Proceedings Volume, p. 274, (all manuscripts are from National Archives of India unless otherwise stated).
19. Home, Municipality, No. 3–6, pp. 1–3.
20. The North-Western Provinces and Oudh Sewerage and Drainage Act of 1892. This act, revised in 1894 was meant for the construction and maintenance of drainage and sewerage works in NWP & O. Home, Municipality, No. 1017–1019, September 1892, pp. 605–20.
21. Home, Municipality, No. 3–6, p. 12.
22. "Ecology and Cosmology of Disease in the Banaras Region," p. 265; also see Neville, *Benares: A Gazetteer*, Volume XXVI, Allahabad, Government Press, 1909A, pp. 262–63.
23. The Hindi *Hindosthan* (*Kalakankar*), 4 March 1906, *Selections from Vernacular Newspaper Report*, p. 129 (*SVN* hereafter).
24. Awaza-i-Khalq, (Benares), 19 January 1906, *SVN*, pp. 320–21.
25. Zamana (Cawnpore), May (received on the 26th June) 1908, *SVN*, p. 602.
26. Kalidas, 2 June 1900, "Ecology and Cosmology of Disease in the Banaras Region", cited in *SVN*, p. 261.
27. List 1, Box No. 81, File No. 119, Regional Archives, Varanasi; Similarly "By-laws for the Regulation of the Sale of Fish in Benares Municipality" in 1916, List 1, Box No. 81, File No. 120; Further G.G. Sim, Secretary of the Municipal Department of United Provinces in his tenure during 1917 implemented another "Byelaws for the Regulation and Inspection of Places for the Manufacture, Preparation or Sale of Sweetmeats in the Benares Municipality." List 1, Box No. 81, File No. 128, Reglonal Archives, Varanasi.
28. Ibid.
29. The Hindi Hindosthan (Kalakankar), 4 March 1918, *SVN*, p. 129.
30. Pandit Kali Charan Dubey, *Haiza Chinnh Nidan–Rokene Ke Upay* [Cholera, its symptoms and cure] Public Health Department, Municipal Board, Benares, 1913; Pandit Kali Charan Dubey was a prolific writer of pamphlets for the Public Health Department of the Benares Municipal Board. In 1913 he published the following clutch of pamphlets: *Malaria Ya Fasli Bookhar Ya Sheetjwar* [Malaria];

Taun [Plague], *Chechak* [Small Pox]; *Balakon Ke Poshanarth Avashyak Sikshayen* [Essential knowledge about nutrition for young boys].

31. The Hindi Hindosthan (Kalakankar), 4th March 1918, *SVN*, p. 129.
32. *Abhyudaya* (Allahabad), 8 June 1920, p. 4.
33. Compulsory inoculation of pilgrims was first adopted at Pandharpur in 1936. By the mid 1940s compulsory inoculations was widely enforced. In 1945, 3.4 million Cholera inoculations were performed in U.P. alone, many of them on pilgrims attending the *Ardh Kumbh Mela*. David Arnold, "Cholera Mortality in British India, 1817–1947", in Tim Dyson (ed.), *India's Historical Demography: Studies in Famine, Disease and Society*, London, Curzon Press, 1989, p. 276.
34. "Ecology and Cosmology of Disease", p. 264.
35. Ibid., p. 265.
36. *North Indian Notes and Queries*, 1891, I, 2, p. 32 and I, 8, p. 120; also see "Ecology and Cosmology of Disease in the Banaras Region", p. 265.
37. The number of vaccinations in Uttar Pradesh rose from under three-quarter of a million in the 1870s to two million in the 1940s, with about a third of the population of Banaras district was so protected by vaccination in 1939. "Ecology and cosmology of disease", p. 249.
38. Disease Specific Death Rate is defined as the (total number of deaths due to a particular disease to a total number of deaths) × 1000 whereas Infant Mortality Rate is defined as (the number of infant deaths during a year to the number of birth in the same year) × 1000. R. Ramakumar, *Technical Demography*, New Delhi, Wiley Eastern Limited, 1986.
39. W.R. Rice Inspector General of Civil Hospitals, NWP&O to the Chief Secretary NWP & O, 18 March 1890; *Triennial Report on the Dispensaries and Charitable Institutions of the North Western Province and Oudh, for the three years ending 31st December1889*, pp. 44–5.
40. *Census of India*, NWP & O, Vol. XVI, Part–I Report and Provincial Tables, Allahabad, 1894, pp. 88, 124.
41. Anil Kumar, *Medicine and the Raj: British Medical Policy in India, 1835–1911*, New Delhi, Sage Publications, 1998.
42. *DG Varanasi*, pp. 34–5.
43. Ibid.
44. Ibid., pp. 338–9, emphasis added.
45. M. A. Sherring, *Benares: The Sacred City of the Hindus*, London, Trubner & Co., 1868, reprinted by Low Price Publications, Delhi, 2002, pp. 338–39; some other titles conferred to Rajas were *Knight Commander of Indian Empire* (K.C.I.E), *Commander of Indian Empire* (C.I.E) and *Rai Bhadur* (R.B).
46. *Aaj*, January 1921, p. 6.
47. S. L. Dar and S. Somaskandan, *History of Banaras Hindu University*, Varanani, Banaras Hindu University Press, 1966, pp. 81–85.
48. Ibid., p. 37.
49. Ibid., p. 48.
50. Ibid., p. 76.
51. See chapter 3 of this book.
52. S.L. Dar and S. Somaskandan, *History of Banaras Hindu University,* Varanasi, Banaras Hindu University Press, 1966.

53. For Malaviya's shift in attitude see chapter 3 of this book.
54. Ibid., p. 115.
55. Ibid., p. 112.
56. Ibid., pp.159–60.
57. Nita Kumar,*The Artisans of Banaras: Popular Culture and Identity, 1880–1986*, New Delhi, Orient Longman, 1995, p. 80.
58. Madan Gopal, *Bhartendu Harish Chandra*, New Delhi, Sagar Publications, 1971, p. 11.
59. Nita Kumar, *The Artisans of Banaras: Popular Culture and Identity*.
60. Photography, which was then new to India, fascinated Harish Chandra who helped many photographers set up an independent business. Madan Gopal, *Bhartendu Harish Chandra,* New Delhi, Sagar Publications, 1971, p. 11.
61. Motichandra was a *zamindar* whose family also owned mills and property in Calcutta. *The Artisans of Banaras,* p. 81.
62. Motichandra had a special taste for orchards and flowers, held an all India music conference, and revived the grand old 'Mela Bhurva Mangal'. He patronized the crafts and organized exhibitions of them for the British. He donated freely to schools and hospitals, and the poor of the Banaras always felt free to come to him for help. He was immensely wealthy, established the short-lived 'Banaras Cotton and Silk Mills' in the 1920s, and bought and sold jewellery as a hobby. Ibid., p. 81.
63. Ibid.
64. *DG Varanasi*, p. 344; C. A. Bayly, *Rulers, Townsmen And Bazaars: North Indian Society in the Age of British Expansion, 1770–1870*, Cambridge, Cambridge University Press, 1983, pp. 269–99.
65. For Marwari mercantile communities see Thomas A. Timberg, *The Marwaris : from traders to Industrialists*, New Delhi, Vikas Publishing House, 1978.
66. *DG Varanasi*, p. 344
67. *Aaj*, January 1921, p. 6; Interviewed Retired BHU Ayurvedic Professor Krishan Chand Chunekar, son of Vaidya Shree Niwas Shastri. November 2005; at present this Shree Chutkamal Gokulchand Charitable School is transformed into a university named as Sangved University. It imparts only Sanskrit education. Dispensary is overtaken by another businessman and is converted into a hospital named as Mehta Hospital.
68. *Aaj*, January 1921, p. 6.
69. Interviewed Dr Ravi Agarwal, Chief Medical Officer of this hospital, also great grandson of Shyam Sundar Vaishya and son of Gaurishankar Gupta, Varanasi, 30 November 2005.
70. Mohd. Jamil-Ud-Din and Munshi Shiv Shankar Lal were Tahsildars in Ghazipur; Babu Chandulal was Deputy Magistrate of Azamgarh; Babu Durga Prasad and Kwaja Husain-Ud-Din were Tahsildars in Azamgarh. *Annual Vaccination Report of North Western Province and Oudh, 1895–96*, Government Press, Allahabad, 1897, p. 16.
71. *Annual Vaccination Report of North-Western Province and Oudh, 1895–96*, p. 16.
72. Munshi Premchand (1880–1936) prolific writer, nationalist and social reformer tried to engage with the new realm of illness and medicine through the medium of the novel. Prakash Chandra Gupta, *Makers of Indian Literature: Prem Chand*,

New Delhi, Sahitya Akademi, 1968. Premchand's role is discussed in the next chapter.

73. Premchand, *Godan: A Novel of Peasant India*, translated by Jai Rattan and P. Lal, 12th Edition, Bombay, Jaico Publishing House, 1994, p. 94.
74. *DG Varanasi*, p. 344.
75. Acharya Shree Chatursen Shastri, "Foreword", *Arogya-Shastra,* Delhi, Sanjeevan Institute, 1932. It is interesting to note that at the end of Foreward, Munshi Narayan Prasad Asthana mentioned his designations as Advocate High Court Allahabad, Member Council of State and also as VC of Agra University.
76. Dr Ambalal Sharma Ayurvedashastri, *Kṣayarōga Aur Uski Chikitsa*, Ajmer, Navjeevan Pharmacy, 1936.
77. Foreword, Ibid.
78. Satishchandra Mukherjee and Yatishchandra Mukherjee, "Kushta chikitsak", *Abhyudaya*, 1906, p. 7.
79. *Hirak Jayanti Granth, Kashi Nagari Pracharini Sabha*, Kashi, KNPS Publications, 1955, p. 48.
80. Francesca Orsini, *The Hindi Public Sphere, 1920–1940: Language and Literature in the Age of Nationalism*, New Delhi, Oxford University Press, 2002, p. 26; see also Vir Bharat Talwar, *Rassakashi: Unnisvin Sadi Ka Navajagran Aur Pashimottar Prant*, New Delhi, Saransh Prakashan, 2002.
81. Reverend E. Greaves, Radha Krishnadas, Dr Channulal, Shyam Sundar and Ram Narayan Misra were members of the sub committee. This sub-committee continuously worked for sixteen years till 1919. Due to involvement of members in national movements, this series of lectures was stopped for some time and Shri Ram Narayan Mishra revived this trend of lecture series in 1937. This *Vyakhyanmala* was renamed as *Prasad Vyakhyanmala* named after renowned Hindi writer Late Jai Shankar Prasad. Jai Shankar Prasad had donated rupees 100 for the growth and popularization of Hindi literature to NPS. *Hirak Jayanti Granth.*
82. By 1914 Banaras become the major centre for Hindi publications. Christopher King's analyses shows that up to 1900 the ratio between Hindi and Urdu publications remained roughly constant that is about fourteen or fifteen books for every ten in Urdu. By 1914, however, the ratio changed dramatically to nearly twenty-seven to ten, almost double the previous ratio. See Christopher R. King, "Forging a new linguistic identity: the Hindi movement in Banaras, 1868–1914", in Sandria B. Freitag (ed.), *Culture and Power in Banaras: Community, Performance, and Environment*, 1800–1980, Delhi, Oxford University Press, 1989, pp. 179–202.
83. Ibid.
84. Twenty-one prizes were presented every year or every 4th year for best writings on different subjects. *Hirak Jayanti Granth.*
85. *Nagari Pracharini Sabha Ka Varsik Vivaran* – Annual Report of Nagari Pracharini Sabha, Kashi Nagari Pracharini Sabha, for the years 1920 and 1921. Ibid., p. 49.
86. For Science related award presented by *Nagari Pracharini Sabha* see Table 1.4 compiled from *Hirak Jayanti Granth-Nagari Pracharini Sabha Series*, Kashi, 1954, pp. 113–14.
87. Statement of particulars regarding books and periodicals published in the United Provinces, registered under act XXV of 1867, during the quarter ending March, 1917.

88. Advertisement given in *Saraswati*, 32, 2, 1, 1931, p. 119.
89. *Artisans of Banaras*, pp. 122–23.
90. Nityanand Bhattacharya was in touch with revolutionaries such as Rajendra Lahiri, Sachindra Baxi and Apurva Chandra Bhattacharya and through his gymnasium he also provided a training ground for revolutionaries. Ibid.
91. Ibid.
92. Ibid., p. 124.
93. S. M. Husain, *U. P. Local Acts 1793–1964*, Vol. VI, Lucknow, Eastern Book Company, 1966, p. 3512.
94. For debates and views related to the dominance of western medicine and decline or marginalization of indigenous medical system see Introduction, Notes 4, 5, 6, 14 and 25.
95. Charles Leslie, "The Ambiguities of Medical Revivalism in Modern India", in Charles Leslie (ed.), *Asian Medical Systems: A Comparative Study*, London, University of California Press, 1977, pp. 356–67; Barbara D. Metcalf, "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan", *Modern Asian Studies*, No. 19, 1985, pp. 1–28.

2

Changing Perceptions of Health and Medicine: Authority, Anxiety and Attraction

Bakula niyar inkar tang, khaini khale mang mang;
sause pet, chot ba chati, ginli inkar bati bati;
munh se biri chute na, kharchi kahiyo jute na;
larika hole salo sal, nad niklal pichkal gal;
T.B. ke hoiye sikar, aisan inkar karbar.[1]

Bony weak legs like a heron's, constantly begging for tobacco,
Bloated tummy, sunken chest, ribs one can count,
Puffing incessantly, unable to make ends meet,
Producing kids year after year, protruding belly, shrunken cheeks,
Prey to T.B., this is how his life is.[2]

This verse encapsulates the concerns of the 'educated section' about the poverty and drug-addiction that affected the health of the rural population. It is one of the examples of many interventions in newspapers, journals and Hindi literature on issues related to medicine and health care during the nineteenth and twentieth centuries.

Amongst the English educated intelligentsia were the emerging 'professional classes', that is doctors, lawyers, and teachers, seeking to carve out a niche for themselves in the society. They invoked their special qualifications to lend authority to the position they took in debates relating to eugenic health, medical practices, and sanitation. Sometimes

this 'scientific' knowledge was proved in contrast to 'superstitious' beliefs. But sometimes, on a more persuasive note, an effort was made to represent it as an extension or a confirmation of traditional beliefs and practices relating to health.

This chapter explores the engagement of the 'educated section' of Banaras with western medicine, modern notions of diseases and their cures, and encounters with medical sciences and new medical technologies such as the thermometer and stethoscope. It further shows how educated people of the society were carving out a niche for themselves through these interventions at various levels. Scientific knowledge about reproduction was invoked in public. Debates about norms of marriage, procreation and pleasure took place. It argues that this intervention generated a rich corpus of medical tracts in Hindi meant to familiarize western medicine among 'the masses' or those within the broad circumference of a reading public.

Dava, *Dua* and Doctor

This section draws upon Premchand's *Godan* [*The Gift of a Cow*] as a point of entry to understand how the educated section in Banaras perceived the possibilities of modern medicine. Munshi Premchand (1880–1936) a prolific writer, nationalist and social reformer tried to engage with this new realm of illness and medicine through the medium of the novel.[3] He was very receptive to modern medicine. What he tried to show in *Godan* was a situation in which those who needed the most were denied access due to poverty and the rich could treat it like a luxury and a mark of social status. In *Godan*, one encounters a description of illness at three points along the social spectrum. The first encounter is in a dialogue between a *zamindar* and a peasant.

> Rai Saheb [landowner] says to Hori Ram [peasant] – you know how it is, Hori! In a large family like mine, some one or the other is always falling ill. We are not expected to suffer from ordinary illness. If there is a slight temperature, we are treated for Pneumonia; a pimple is always a carbuncle. Frenzied telegrams are sent to the assistant surgeon, the surgeon and the chief surgeon. Messengers rush to Delhi and Calcutta to bring hakims and vaidyas. In the family shrine Durga is invoked. The astrologers get busy on horoscopes. There is a tremendous activity to save the patient from the jaws of death. On the slightest sign of indisposition the doctors get ready to shake the pagoda tree … .[4]

It may be deduced that treatment from renowned doctors and *vaidyas* for a simple illness was a sort of status symbol for the landed gentry. It details the variety of treatments which the well-to-do could draw upon, ranging from Allopathic medicine to black magic and faith healing. Illness, Premchand suggests, allowed the rich to demonstrate that they could even call upon the civil surgeon. Premchand also treats the medical professional with some irony as a person motivated by greed rather than a concern for healing.[5]

In *Godan*, Premchand gives another narrative of illness from the lowest end of the social spectrum where medicine is longed for but is completely out of reach because of the peasant's poverty. Hori Ram and Dhania, a poor peasant couple had six children born to them, but three died in infancy. Dhania [wife] 'was convinced that with proper medical care their lives could have been saved but she had not been able to buy even an *anna* worth of medicine for them'.[6] Being trapped in debt to the *zamindar* and the village moneylender, they do not have the basic necesseties of survival.

The third scenario Premchand outlines is that of the rural migrant to the city. Gobar and Jhunia have migrated to the city in search of a job. Jhunia has a two-year-old son and she is pregnant again. Premchand gives a heart-rending account of the situation she is reduced to by illness brought on by lack of food.

> Her [Jhunia] breasts were dry. Lallu [son] would howl to be fed and when no milk came he bit the nipples with his two-year old sharp teeth. She had not the strength even to push him from her … Lallu had diarrhea and stopped taking milk from her. She felt a great sense of relief. Within a week he was dead … .[7]

Jhunia delivers her baby after a few months but again she has no milk in her breast. A retired physician, after examining her exclaims, "How can she [Jhunia] expect milk when she is so anaemic? She would have to take a long course of tonics before she can hope to have milk in her breast. How can this little bundle of flesh [new born baby] live without breast feeding?"[8] There is a certain irony perhaps in this pronouncement about the need for a 'long course of tonics'.

Premchand's novel is one example of the variety of ways in which, through newspapers and journals, the educated section was struck with awareness about new knowledge about the body and its well-being. They

sought a pedagogical role in public life by disseminating such knowledge in a paternalistic form to women, schoolboys and the lower classes. Another aspect of this public engagement was the setting up of civic organizations to engage with sanitary issues and to mediate with government for 'improvements' in public health and sanitation.

One aspect of intervention was a quest to map new notions of sanitation onto the notions of ritual purity. Historians have shown how they sought to locate 'science' in the *vedic* past both to glorify the Vedic scripture and to suggest that modern science was not an alien or introduced form of knowledge.[9] Pointing to the crucial role which water played in the every day life of Banarsis, Nita Kumar argued that concepts of cleanliness and sanitation were nothing new, but in fact always integral to Banarsis life.[10] David Arnold has given one illustration of this endeavor in the formation of an organization called the *Kashi Ganga Prasadhini Sabha*, in the last quarter of the nineteenth century on the initiative of the Raja of Banaras and his *Diwan*.[11] Its main objective was to direct the sewage of Banaras away from the river, keeping the bathing steps of the Ganges free from 'pollution'. Thereby 'veneration for the Ganges, the traditional leadership of the Raja, and western (rather than Hindu) notions of cleanliness and pollution were in this conjoined'.[12] The word *prasadhini* means beautification. Their appeal to the public was '… Ganga is our mother and it is our prime duty to decorate her … .'[13] the word *prasadhini* was used to invest in a sanitary project with popular appeal, and to cast the endeavour as akin to an act of devotion. On one hand, they sought to make people comfortable with terms like 'sanitation' and 'municipality' by framing them in well-known codes of religious practices. On the contrary, they sought to refurbish notions of ritual purity by asserting that they were based on a sanitary rationale. Colonial officials looked upon such organization with approval as a sign of the awakening of a civic consciousness. Neville in his *District Gazetteer of Benares* in 1909 sees the formation of a civic organization as 'Pollution-Prevention Society':

> … the pollution of river … so acute … in 1886 a **powerful** society was formed … *Kashi Ganga Prasadhini Sabha* … preventing pollution of the sacred stream … large sums of money was collected, and the assistance of government was invoked … the scheme … estimated expenditure of 24 lakhs was approved by the municipal board in 1889 … completed in 1892 … .[14]

In a reverse move, one also finds that the Editor of the *Nagari Pracharini Patrika* tried to give traditional religious festivals an additional sanitary and civic rationale.

> *… Gangaji nahane jate ho to pahele paani sir par chada kar tab pair dalne ka vidhan kyon hai? Jisse taluye se garmi sir par chad kar vicar na utpan kare. Diwali ise hetu hai kee saal bhar mein ek ber to safai ho jaye. Holi ise hetu ki basant kee bigadi hawa sthan- sthan par agni jalane se swach ho jaye. Yahi* ***tyohar*** *mano tumhari* ***municipality*** *hai … .*[15]

> … While going for a bath in the river Ganga why do we first pour water on the head and then put our feet into the water? This is so that the heat from the feet does not rise to the head with harmful consequences. Diwali is celebrated so that at least once a year the surroundings get thoroughly cleaned. Similarly Holi is meant to clean the dangerous spring air by lighting up a bonfire at several places. Consider these festivals as your 'municipality'… .

'Professional' Authority in the Public Sphere

Indian allopathic doctors employed by the sanitation and public health department as Health Officers played a vital role in transforming the people's perception about diseases and their cure. Through the medium of vernacular languages, such employees tried to disseminate 'scientific' ideas about the reasons for disease and their 'proper' treatment. One such figure was Pandit Kali Charan Dubey, a Brahmin, employed as a Health Officer of Banaras. He had an L.M.S degree and a Diploma in Public Health from London. Kali Charan Dubey sought to impart medical knowledge via self-help manuals and primers. One of his medical tracts was titled *Balako Ko Poshanarth Aavashyak Sikshayen* [Essential Knowledge about Nutrition for Young Boys].[16] Written in colloquial Hindi, it was meant to instruct school children. It drew attention to the fact that one-third of infants born in Banaras died every year. The pamphlet blamed this on unsanitary conditions and ignorant parents who did not take the right steps to protect their children against smallpox, cholera and tetanus.[17] The solution was proper nutrition such as mother's milk, albumin, lime and barley water, 'meat essence' [broth] for the infants. It is remarkable to note that a **Brahmin**, Pandit Dubey was advocating for non-vegetarian food.[18] It also highlights the gender dimension where the author seemed concerned about male children only, which shows the

discrimination against the female child. The tract also explains to mothers the importance of a clean and airy room for the delivery of the baby and advises that if a 'wet nurse' is needed she should be clean and free from illness.[19] Here we have an Indian Brahman doctor setting out to dispense medical knowledge in a popular, non-specialist way in an orthodox religious milieu.

Dubey also published special tracts on smallpox, malaria, cholera and plague, some of which were accepted for publication by the Public Health Department of the Municipal Board of Banaras.[20] The tract on smallpox, a four-page booklet, stressed the importance of vaccination in the form of a story – A son is born to two different families. One family vaccinates its child but not the other. The unvaccinated child gets smallpox, loses his sight and dies rebuking his parents' for not vaccinating him.[21] Concluding his story the author warns the people that:

> *… yaad rakho ki chechak se bachne ke liye kewal teeka he eek upay hai…in panch baton ko yaad rakhna chahiye … 1. teeka lo; 2. saat baras ke baad fir teeka lo; 3. teeka lagane walon kee baat maan lo; 4. jo teeka lagane se mana karte hon uski baat na suno; 5. teeka kee dava bachde se tayyar kee jati hai … .*[22]

> … remember vaccination is the only cure for smallpox … keep in mind the following five points… 1. Get vaccinated; 2. Get revaccinated after seven years; 3. Follow the vaccinator's advice; 4. Do not listen to those who advise against vaccination; 5. Vaccination is prepared from calf lymph.

In addition to the tracts published by the public health department, some medical practitioners got their tracts published at their own expense. The *Nagari Pracharini Sabha* of Banaras and Munshi Nawal Kishore Press at Lucknow were popular publishing centres.[23] The *Saraswati* journal launched by the *Nagari Pracharini Sabha* gave a lot of space to articles on health and disease contributed by prominent medical practitioners of Banaras for instance by Dr Mahendulal Garg, Dr Murleedhar, Dr Pandit Ram Narayan Sharma, Dr Nand Kishore and Dr Gadgil. The articles they wrote familiarized readers with the modern concepts of physiology relating to blood circulation or the reproductive organs and about various diseases, their causative agents and cure.

In one such article, *Plague-Tattva* [Element of plague], Dr Mahendulal Garg, explained the cause and spread of plague in the society.[24] He explained that the disease is caused by a special type of microscopic

organism, which enters into the body through wounds. The disease is contracted through unhygienic contact with soil which is habitat for rats, dogs and flies. Plague can be of various types such as bubonic, pneumonic and septicemia. The author suggests that the patient should immediately be shifted to the plague hospital.[25] Similarly, Dr Murleedhar provided an explanation about various 'microscopic pathogens' causing diseases in an article *Rogotpadak-Jantu Vijnan* [Science of Organism Causing Diseases].[26] Lalli Prasad Pandey, one of the prolific writers on disease and human anatomy contributed two articles in which he explained how the mosquito was the vector of Malaria, and criticized various irrational views prevalent in society regarding Malaria.[27]

Ayurvedic practitioners tried to persuade others within their group that they should not lag behind in scientific knowledge. Pandit Madhav Rai, suggested that *Vaidyas* should acquire some techniques of Allopathic medicine.

> *Vaidya logon ko dacter kee baton ko bilkul na samajhne ke karan unka mukh dekhna parta hai … is vaste vaidyon ko bhi kuch toda bahut dactory vidya mein abhyas karna aavashya hee chahiye kyonki is vakt dactory vidya ka hee vishesh prachar ho raha hai aur dactory davayen sheegra fal bhi dikhane vaali hoti hain … .*[28]

> Vaidyas' not being able to understand doctors' conversation, often face humiliation … therefore they should learn and practice a little of Allopathic medicine because these days Allopathy is specially promoted and these medicines show quick results … .

Pandit Madhav Rai wrote a medical tract *Doctory Chikitsa* [Allopathic Treatment] for *vaidyas* which gave a detailed explanation of weights and measurements, how to check the pulse rate with a stethoscope, the method of urine analysis, and to check body temperature with a thermometer. Pandit Ramakant Tripathi in his tract *Sachitra Injection Chikitsa Artharth Sui Kee Pichkari Duara Rogon Kee Chikitsa* [Illustrated Treatment by Injection that is Treatment with the Help of Syringes] explained the beneficial aspects of injection and persuaded *vaidyas* to use this technology.

> *Injection chikitsa pranali kee unnati ka vishesh karan uski upyogita aur sheegrah labhkari hona hee hai. Jo anya aushadhiyon se maheene me ache hote hain ve isse ek-adh saptah mein ache kiye ja sakte hain.*[29]

> Main reason for the growth of injection treatment is its importance and quick relief ... other medicines which treat an ailment in months can be treated within a week by an injection ... .

Ayurvedic physicians also publicized their ability to engage with medical issues of contemporary concern. Shri Pandit Gurmukh Rai and Raisahab Vyas Tansukh, two renowned *vaidyas* of Banaras, use Hindi as a common platform for their recognition. They translated English articles to spread the knowledge of modern science. Shri Pandit Gurmukh Rai Jee in one of his translated articles 'Masurika' [Smallpox] explained the cause and causative agents of smallpox.[30] Another Banaras Vaidya Raisahabvyas Tansukh, in his booklet *Bachon Kee Bhishan Mrityu Sankhya* [High Death Rate of Children] explained the causes of high infant mortality and suggested remedies. The editor of *Saraswati* praised the booklet, saying that '*Raisahabjee Vaidya apne vishay ke purane lekhak hain. Aapne jo kuch likha hai usse sahitya ke sath lok kalyan bhi hua hai*' [The author is a well-established one on this subject. The Hindi literature as well as the society has benefited from his contribution on this subject].[31]

Another line of engagement was with the physiology of the body. High class Bengalis being able to touch dead bodies was considered a triumph of western medicine by colonial officials .[32] However, it was the Indian doctors who disseminated anatomical and physiological information about the body by translating English articles into Hindi, seeking to displace what they now characterized as 'taboos' with a 'scientific' aptitude. Dr Ram Narayan Sharma, a Licentiate Medical Surgeon and Dr Gadgil, Doctor of Medicine concentrated more on the explanations of human physiology and anatomy in their respective articles[33], whereas Lochan Prasad Pandey provided the in-depth explanation of the anatomy of the brain and physiology in his article *Manushya Ka Mastishka* [Brain of a Human Being].[34] Mahendulal Garg explained the importance and techniques of surgery in an article entitled 'Vivisection' and in 'Rakt-Bhraman' [Circulation of Blood], he described the process of blood circulation in human body.[35]

Some of the writers also tried to change attitudes towards those suffering from contagious diseases such as plague. Authors other than medical practitioners also intervened in the sphere of social concern. One such prominent figure in the social life of Banaras was Dr Shri Bhagwan Das, an eminent academician and nationalist. Although he was not a

medical practitioner he wrote a story *Plague Ki Churail* [The Witch of Plague].[36] He advised people to be more sympathetic to the victim because the disease could be treated with proper medicine and care.

The above examples show that doctors, both Allopathic and Ayurvedic found a space for their professional concern on a broader public platform. They joined together the ranks of the middle class intelligentsia in playing a mediating role vis–a-vis the government and articulating ideas about 'the public good'. This specific agenda of Vaidyas and Allopathic practitioners were also carried forward by non-medico professionals.

Interventions in Civic and Municipal Life

The educated people began to mediate with government authorities to demand improvements in sanitation and public health by invoking the authority of vital statistics. Munshi Ganga Prasad Verma, editor of the *Advocate* and the *Hindustani*, critiqued the sanitary condition of the United Provinces by showing that its rate of mortality was higher than that of other provinces. In an article 'Public Health in the United Provinces', published in *Zamana*, he declared that:

> Fever is mostly caused by the existence of mosquitoes near water pipes, so the drainage systems of large towns, such as Lucknow and Banaras, should be improved … . Narrow roads in congested areas should be widened and model houses for the poor should be constructed … .[37]

A correspondent of the Hindi newspaper *Bharat Jiwan* reported that the water was of deadly influence, the vapour filled the air with fever breeding miasma. He called for immediate steps to improve drainage in the vicinity of the ghats and also reported that the poor drainage allowed accumulation of stagnant water.[38] Complaints about the non- availability of pure drinking water and contamination of the sources of supply were frequently highlighted in the contemporary vernacular newspapers.[39] The Editor of the *Hindi Hindustan* described measures being taken in Bengal to get the dirty water released by factories, cleansed by 'chlorinated lime' before it was allowed to run into rivers, canals or reservoirs from which people took water for drinking or other domestic purposes. He urged the necessity of similar steps in the United Provinces.[40] Colonial observers and British administrators perceived Hindu practices as unclean and blamed the pilgrims streaming into Banaras for the propagation of disease and infection leading to high

mortality.[41] In contrast, the educated classes and employers in government institutions though imbibing the new terminology of disease, protested that the condition in Banaras was pathetic because the authorities were not taking enough measures to improve the sanitary condition to combat the disease. Mediating with the government, the educated class also played a pedagogical role by circulating the ideas about 'the public good'. A reporter of *Saraswati* tried to represent himself as a sanitary reformer and bearer of the new knowledge through his teachings on the sanitation and cleanliness. He tried to inform the pilgrims and the public about the derogatory remarks directed towards them by the British through translated report from the *Sunday Despatch*.[42] He further persuaded them to practise certain sanitary norms laid by the authorities in order to promote cleanliness and hygiene.

New Medical Technologies

New medical technologies were also a popular subject for public debate and discussion. Proponents of new technologies like injection, thermometer, stethoscope and x-rays showed the advantage of accuracy in diagnosis and quick relief. However, they were also careful to point out their convenience in terms of maintaining certain norms of ritual and the social hierarchy. Dr Raghubir Sahaya Bhargav, Doctor of Homeopathic Medicines, writing on the benefits of the stethoscope explained it as an instrument, which helped the doctor to track the rhythm of the heart and the lungs and thereby diagnose the symptom of various ailments.[43]

> *Stethoscope ke mukhya labh … jo streeyan seene ki pariksha karana chahti ho vah uska vah sira jo rogi ke sharir par lagaya jata hai swayam laga le aur dactor parde me se dono kano me lagane vale siron ko laga kar aawaj maloom Kare … .*[44]
>
> Major benefit of the stethoscope … those women who wanted to get their chest examined hold the one end of the tool which should be kept on the patient and doctor behind the curtain can put both leads of the tool into his ear and can hear the rhythm … .

The stethoscope allowed medical access to women's bodies so that an accurate diagnosis could be made without any breach of *purdah* norms. This technology is also portrayed as advantageous because it prevented the physician from geting infected since these use less proximity between

the patients and the doctor. The Thermometer was also advocated on the same line of argument. In his tract *Doctory Chikitsa* [Allopathic Treatment], showing how to check the body temperature by using the thermometer, Pandit Madhav Rai Vaidyajee advocated that the doctor did not need to touch the patient. The patient could place it either in the mouth or under the armpit and after a minute hand it over to the doctor to view the body temperature in it.[45]

In defense of their special branch of medical knowledge, Ayurvedic physicians argued that these technologies were clearly described in the Vedas and other classical texts but these technologies had been lost in the span of time for want of research. Vaidya Pandit Ramakant Tripathi of Pratabgarh, in his tract *Sachitra Injection Chikitsa Artharth Sui Kee Pichkari Duara Rogon Kee Chikitsa* [Illustrated Injection Treatment that is Treatment of Diseases by the Syringe of Injection], outlined the reasons for the growth and popularity of injections but claimed that this technology had existed in traditional Indian medical texts. No research in this field and a lack of efficient Indian medical practitioners led to the decline of this technology.

> *… aajkal jo injection aur pichkari ka prayog kiya ja raha hai yeh hamare liye koi nayee baat nahi hai …* ***suchibhedan chikitsa*** *pranali vartman injection ka varnan bhi hamare ayurved mein bhalibhanti aaya hai … pracheen ayurvedyacharyon ne jo vidhiyan batayee hain un par na to koi anusandhan ho raha hai aur na ham us par likhene ke shamta rakhte hain*.[46]

> The Injections or syringes used nowadays are not anything new to us … a skin piercing treatment called injection has been well described in our ayurveda … [but] there is no research done on what the ancient ayurvedic experts told us nor do we have the capacity to write on it … .

For *vaidyas* these technologies also meant to widen their clientele. However, patients were attracted to these technologies because of quick relief they provided. Referring to Premchand, one discovers another facet of representation and the way in which the new technologies enhanced the 'god-like' status of the doctor to give him an overwhelming degree of authority over the patient. In the novel, *Nirmala,* because of the very serious condition of a patient the doctor injects some medicine. It also shows that for want of quick relief a patient accepted the frightening technology with utter docility.

Doctor ne sangidh swar se kaha … 106 degree jwar hai … aakhir usne (doctor) pichkari se koi dava bhaiya (patient) ke bajoo mein dal diya. Chaar angul se kam kee sui nahi rahi hogi par bhaiya bhinke tak nahi … .[47]

The Doctor said with great seriousness … the patient has temperature of 106 degrees … he inserted some medicine in the arm of patient with a syringe. The needle was not less than four inches long but still the patient did not react… .

New medical technologies and products were also extended to the field of body care and beautification. An illustrated article *Chasma aur Khubsoorti* [Spectacles and Beauty] in *Saraswati* demonstrated how spectacles both enhanced one's looks and allowed a person with weak eyesight to read and write with ease.[48] In a lighthearted exchange, Premchand the author depicts the middle class encounter with such new Technologies and was eager to experiment with them. In the novel *Nirmala*, Nayan tells his friend Totaram

… jara apni surat banwa lo … yahan bijli ke dacter aaye hain jo budhape ke sare nishan mita dete hain. Kya majal ki chare par ek jurri ya fir siir ka koi bal paka rah jaye. Na jaane aisa kya jadu kar dete hain ki aadmi ka chola hi badal jata hai … [totaram nayan se] koi jadi-buti batao … bijli aur radium to bade aadmiyon ke liye rahne do … .[49]

… get your face overhauled … one 'electric' doctor has come here who removes all signs of old age. Not a single wrinkle dare remain on the face or a white hair. I do not know what magic he does but the whole appearance changes … [Totaram says to Nayan] suggest me some herbal treatment … leave the electric current and radium for big people … .

However, the dialogue also highlighted the middle class ambiguity towards technologies which were priced out of their reach. Totaram finds out that it would cost 500 rupees for the treatment and so he asks Nayan to suggest some herbal treatment because, 'electric current and radium are meant for big people'. Totaram consoles himself and his friend by declaring that this famous electric current doctor is a quack.

Totaram to Nayan: aaji koi pakhandi hoga, bevakoofon ko loot raha hoga. Koi rogan lagakar do-chaar din ke liye jara chera chikna kar deta hoga. Isthari dacter par apna vishvas hi nahi … .[50]

> Totaram says to Nayan: he may be a hypocrite, might be robbing the foolish. By applying some colour or ointment [he] may be smoothening the face for three-four days, and I have no trust in these doctors who advertise.

The price factor therefore gave herbal cosmetic treatments the advantage and at last they could opt for cheap indigenous herbal products.

The Body as a Site of Pleasure and Procreation

An analysis of vernacular periodical and tract literature reveals how much the reading public was eager to grasp the revelations of western science about the body not only as a site of disease but also as a site of procreation and pleasure. The authors of such tracts set out to acquaint the reader with the details of physiology, together with the anatomical description of sexual organs, the science of reproduction and child delivery, and diseases related to the sexual organs and their cure. Illustrations tended to focus on individual parts of the body rather than the whole. The advertisement for a very popular tract, *Sachitra Guptarog Chikitsa* [Illustrated Treatise for the Treatment of Venereal Diseases] by Vaidyabhushan Shaymlal, claimed to set out Vedic and Unani methods for the treatment of venereal disease. It provided duplicate coloured pictures of the sexual organs of women.[51]

Women were advised on taking care of the body, menstruation, neo-natal care, childbirth, breast-feeding and child rearing. Dr Baba C. C. Sarkar had earned Bachelor of Homoeopathic Medicine degree from Homeopathic Medical College at Lucknow. In his book *Stree Va Baal Rog Chikitsa* [Cure for Women and Child Disease], he explained various kinds of illness related to the woman and child and gave instructions for their treatment.[52] *Stri Subodhini* [Education for Women] a periodical published by Newal Kishore Press from Lucknow, dealt with topics like the protection of the womb, women's health and diseases, the education of *dais*, the care and treatment of illness in the family.[53] Women were constantly advised on child rearing. *Santan Shastra* [Scientific Treatise on Progeny], a book addressed to the mother, dealt with birth, disease, food, and the health of the child.[54] Some women also drew upon the authority of their degrees. To play a pedagogical role, Nirmal Bala wrote various articles directed to satisfy woman's curiosity about their own bodies.[55]

It is not clear whether she was a medical practitioner or had any interaction with medical practitioners. Nevertheless, her articles in *Saraswati* were based on western notions of medical science. In '*Kamini Kautuhul*' [The curiosity of a young woman] she explained the various stages of foetal development in the womb and the process of child delivery.[56] In another article she explained the concept of the menstrual cycle.[57] In one of her articles in the popular Hindi newspaper *Abhyudaya*, Hemant Kumari Devi gave details of exercises by which women could maintain their figure and health.[58] *Abhyudaya* and *Saraswati* had a regular column in their issues related to women's health titled *matramandir* [Mothers' Temple] and *matramandal* [Mothers' Association]. These articles in Hindi journals show that talking about the female body, the menstrual cycle and delivery was no longer limited to women relatives only. Missionary women often talked with horror about the way the woman relatives discussed sex and sexuality among themselves. Here one finds the intervention of a third person, an unknown woman in these matters, bringing these issues into the public domain.

Brahmacharya

Another section of the educated class tried to base their prescriptions for a healthy mind and a healthy body, such teaching was based on the concept of *bramhacharya*. The print media brought a flood of inexpensive self-help guides on *brahmacharya*, where age-old instructions were repeatedly stressed and infused with modern definition. But their discourse intertwined with contemporary discussions about eugenics, childbirth, and scientific 'rationality'. The pervasive anxieties and tensions of the age of *kaliyug* were perceived as systematically undermining a healthy way of life: males were losing their physical and mental vigour. *Brahmacharya* became closely tied to the fears and hopes of modern times. Many of these tracts used a highly sanskritised language. In his tract *Bhramacharya Kee Mahima* [The Glory of Celibacy], Surya Bali Singh claimed:

> *Virya anmol hai … mrityu, rog tatha burhape ka nash karne wala amrit roop bara upchar, brahmcharya … . Jo shanty, sundarta, smriti, jnan, arogya aur uttam santati chata hai, vah is sansar mein sarvottam dharm Brahmacharya ka palan kare … .*[59]

> Semen is invaluable … [Practising] Brahmacharya is the only medicine like nectar for curing several diseases leading to old age and death …

> the one who wants peace, beauty, knowledge, good health and ablest progeny, should observe the worlds supreme principle of *brahmacharya* … .

However, one can glimpse an eugenic imperative also in his writing for the self-control as he suggested that men ought to ejaculate once a month for the ablest progeny. Justifying his statement according to the classical texts he wrote that the time period for the production of semen is one month which is why *acharyas* – advocated production once a month. Release of the semen before its full sexual intercourse makes the body devoid of all elements which, in turn makes the body weak leading to various diseases.[60] Authors like Surya Bali Singh, were presenting new notions imbibed with traditional ideas as well. The popularity of this tract can be judged from the print run and the number of editions published. Its second edition ran out 2000 copies. An *Arya Samajist* Pandit Jaannarayandeva Sharma in his tract *Brahmacharya Vijnan* [The Science of Celibacy] expressed a deep anxiety about the degraded condition of Hindus and saw in *brahmacharya* as the means for renewal.

> *… hindu jati ke samne jeevan-maran ka prashan upasthit hai. Par jeevan ya maran ka nirnayak Brahmacharya hai. Marnasan samaj ke liye brahmcharya hee sanjeevani vidya hai …* .[61]
>
> The Hindu community is faced with the question of life and death. Brahmacharya is the decisive factor; it is the life-giving remedy for a dying society … .

Trying to motivate the youth for the sake of the nation, he suggested that 'the more people understand the importance of *brahmacharya* and as many as practice *brahmacharya* in our society, the more the economic and intellectual level of our society will increase.'[62] '*Brahmacharya* thus became a building block for claims to social and political power, cultural identity, and a "scientific" way of life.'[63] Other moral reformers and medical practitioners added to this discourse of celibacy. The market was flooded with treatises on *brahmacharya*, against masturbation and for the preservation of semen.[64] Charu Gupta in her analysis impressively shows that instructions to the males were endless. He was to make an all-out effort to control his sexual urge from a very young age.

> *Hast maithun, svapn dosh, guda maithun*, homosexuality and fornication were all encompassed as the major evils of male sexuality. Any thing seen as involving orgasm and emissions was taboo and seen as leading to disease. Semen was the essence of life and its discharge was a loss of vital energy, regardless of how it happened. To ensure male purity, to see that not a drop of precious semen fell waste upon barren soil, the Hindu male was drilled into keeping rein over his fantasies, passions and imagination. He was to desist from masturbation completely.[65]

Health, Marriage Advice and Sexual Pleasure

From another perspective, some of the reformers and established publishing houses felt that the intricacies of sex and conjugal life needed to be discussed explicitly because sexual pleasure was an important facet of modern married life. Charu Gupta points out that the discourse of eugenics was used but actually all sorts of titillating possibilities were explored deriving a sexual intimacy from print. One theme was the way sex life had to be organized for healthy procreation.[66] *Kamkala Rahasya* [Secrets of Sex] published by Hindi Sevasadan, Aligarh in its advertisement, warned unmarried *brahmachari* boys to refrain from accessing it, but recommended itself to married women and men.[67] Such books claimed their legitimacy by highlighting the scientific 'facts' of sexual life. Many claimed to be prescriptive texts crucial for sexual compatibility and accomplishment. At the same time, to make their books attractive for their audience they provided coloured pictures and carried out advertisements in prominent papers and magazines. Similarly *Kam Tatha Ratishastra Sachitra* [Illustrated Treatise on Sex and Sexuality] in its advertisement, after establishing its 'scientific credential' claimed that it 'had colourful and spicy photographs of women not only from India but also from Africa, Germany, France, Italy and Australia.'[68] Founder of the 'Jat Pat Torak Mandal' [Society to Abolish Casteism], an *Arya Samajist* Santram, wrote an article 'Rati-rahasya' in 1924 in *Madhuri* in support of 'true' publications on sexual science.[69] The Abhyudaya Press published *Kashmir Kok Shastra* [Love Treatise from Kashmir] and Chand press published *Dampataya Jivan* [Conjugal Life].[70] Charu Gupta points out that 'as these popular sexually explicit literatures were catering to the needs of an ascendant literate class they were in turn attacked by Hindu publicist in order to sanitize them because they deemed these popular literatures

as "obscene" and "degenerate".'[71] But the point of the controversy was how sexual pleasure played a role in the technologies of birth control and how it could be used for sexual pleasure and yet maintain healthy procreation. During the 1930s, the popular press eagerly took up the issue of contraceptive practice terming it as 'marriage advice' and these literature, listed all the contraceptive methods available to the 'modern couple'.

Pandit Krishan Kant Malaviya, nephew of the prominent congressman Madan Mohan Malaviya, attacked the Puritanism of the West pointing that it was not the part of Indian culture and was one of the prolific writers on these issues. He wrote *Suhag Raat* [Nuptial Night], *Patiyon Ko Seekh* [Lessons to Husbands], *Bahurani Ko Siksha* [Teachings for Daughter-in-Law] pamphlets advertised in *Abhyudaya*.[72] Such articles and pamphlets listed the medical disadvantages of unrestricted procreation. The physical hardships of repeated pregnancies, the high maternal mortality rate, the lack of appropriate hygienic care during childbirth and improperly performed abortions were denounced and blamed on 'popular ignorance'. The authors advocated the use of contraceptives by modern couples to derive sexual pleasure and avoid unwanted pregnancy. An advertisement for birth control device in *Abhyudaya rubber ke bane huye yantra* – (condoms) pronounced that 'women become weak and lose their beauty and charm at a young age by delivering a child year after year. A man becomes unable to support his household. To stop an increase in number of children, couples should use 'condoms' and live a happy life.'[73]

However, some authors were opposed to 'mechanical' means of contraception, advocating abstinence (or rather self-control for regulated procreation) as better for health and morality. They argued that it would erode the character of the youth and that sexuality would spill out beyond the bounds of marriage. But in this too the authority of modern medical science could be invoked. Such discussions brought issues like sexual intercourse, sexual pleasure and the means of birth control into the public domain.

Indigenous medicine practitioners eagerly sought a place for themselves, their skills and their products on this new platform. They began using the print media and advertising to sell their skill and products. The birth control debate had made a great impact on the

society. Anara, an elderly woman, with whom I took up this theme, recited a couplet to stress the importance of limiting the family size.

> *Ka hoiyen lakh lai ke tarai taraiya,*
> *Ekthai thi bhaghirath lai ganga maiya.*[74]
>
> What will one do with lakhs of sons?
> Only one able Bhagirath was enough to bring Ganga on the earth.

Social reformers who urged a later age of marriage combined ideas about eugenic health with a reference to Sanskrit religious texts to support ideas about healthy procreation.

> *… bahut si baaten jo samaj – virudh maani hain par dharma shaastron mein unka vidhan hai unko chalayeia jaise … larkon ko chotepan hee mein shaadi karke unka bal, virya, aayushya sab mat ghatayia. Aap unke ma-baap hain ya dushman. Virya unke sharir mein pusht hone deejeye, vidya kuch padh lene deejeeye … tab unka pair kaath mein daliye …* .[75]
>
> Many things which are against social norms but are accepted in the classical text … start practicing them, such as … do not degenerate the health, and semen of boys by marrying them at an early stage … are you parents for them or their enemy … let semen develop in their bodies, let them have some education … then marry them … .

Medicines and Social Welfare

Juvenile Health: Vice and Addiction

Juvenile health and the toxic effect of drugs were also some of the issues taken up by the intelligentsia. Here also they are found clearly indulging in the pedagogical role by disseminating the information regarding the effect of smoking ganja (Marijhuana) or chewing tobacco on one's health and extended their role by mediating with the government for the ban of toxic substances through columns in Newspapers and articles in journals. *Bharat Jiwan* of 18 June 1906 through its column argued for 'the prohibition of the sale of cigarettes and *biris* and liquor to persons below fourteen years in all provinces. A correspondent of the vernacular newspaper *Arya Mitra*, referring to the sentence of transportation for life passed on a *sadhu* for willfully murdering a child at Allahabad at the late *Kumbh Mela* under the influence of some intoxicating drug, 'does not understand why the government should not enact a law prohibiting the

use of deleterious drugs which demoralized and ruined the health of those addicted to it.'[76]

The stanzas in the opening paragraph of this chapter illustrate the way in which the educated classes took it upon themselves to play a pedagogical role on the issues of public health. Here the poet emphasized the impact of smoking on the health of a migrant labourer or a poor peasant which results in the weak generative power, coupled with contagious disease such as T.B. He expresses not only sympathy for the effects of impoverishment but also a critique of the improvidence of the poor, producing more children than they could support and wasting money on addictive substances instead on food. Another *bhojpuri* poetry warned the people against the use of drugs and tobacco. The poet addresses himself to the *sadhus*:

> [Sadhus], please don't make your self-addicted, improve yourself. Tobacco from the dirt of the cows ear and was mixed with animal excreta, it won't give you any pleasure. People will avoid you. You [sadhu] have nothing to eat even then you smoke '*chilum*' along with young friends. You [sadhu] practice untouchablity but I think you as untouchable who smokes out the wealth of poor by which they are suffocated. [Sadhu] You are a burden on Bharat and I [poet] pray that you go to hell.[77]

> *Nasha na sadho sadhu sudhar karo,*
> *Jise jee se pasand na sang karo,*
> *Gai ke kano se jo paida hui khaini na kha,*
> *Janwar tak ke maladi mile na usse sukh sake,*
> *Thu thu karte karane na bhumi bharo,*
> *Chatne ko laar peete ho chillum chale liye,*
> *Kintu chua chut chaya tak chipi kyon puchiyae*
> *Koi nar na raha hai achhut naron!*
> *Funkte tu dhan garibon ka gala ghut gaya,*
> *Bharat bhar taruon , tum bhar paro*

This poem is interesting for the way in which it reframes the familiar figure of the ganja-smoking ascetic. Such habits are now critiqued as setting ahead a bad example to the young. The ascetic is now cast as a burden on the poor, wasting their charity on such addiction. Habits such as these, the poet argues are the marker of untouchability.

Modernity as Malaise

On one hand, modern medicine seemed to offer many possibilities for maintaining health. On the other hand, the protagonists of tradition blamed many of the ills of the body on a modern life style for which modern medicine could not provide a solution. For example, a migrant labourer who lost his virility after leaving the village as described in the following Magahi folksong:

piya gailai Calcutta, lele ailai jatsaria,
seho jatwa garalkai rama sireestar,
jatwa na chalai rama, makario na dolai,
hathawa dhaile rama sunder nayanma dharai he lor,
ghrba charhal alai lachhman devera,
chhori dehu bhauji he jatsariya,
sasu je marai nanad gatiabai,
ohu parabhu bahar karai ekre balak binu.[78]

My husband has brought a grinding machine from Calcutta,
He has fixed up that machine under the sirish tree.
O, my god, neither the machine moves nor the handle moves,
The beautiful woman is holding the handle
And tears are oozing out of her eyes and she says,
My younger brother in law comes on the back of a horse
He asked me to give up the grinding,
Mother-in-law has beaten me, and sister-in-law rebuked me,
My husband has driven me out of the house because I am barren.

The poet seems to suggest that the demands of industrialization pulled men to the city and rendered them weak and sterile. The poem is an idealized portrayal of the village air and lifestyle as having preserved the vigour and vitality of the husband's younger brother residing in the village. In this folklore, the metaphor of the grinding machine and its handle depict the husband's helplessness and impotency. The authors of these contemporary popular writings could reproduce images, publish their books in substantially large numbers and circulate them in newly emerging book markets, local kiosks, and railway stations. Their market was not limited to the literati but extended to an increasing class of functionally literate people, including clerks, shopkeepers, traders, vendors and young boys.

Concluding Remarks

In their engagement at various levels with the modern concepts of health, sanitation and diseases, the educated classes sought a new pedagogical role in public life by disseminating this knowledge in paternalistic form to women, schoolboys and the lower classes, and mediating with the government for 'improvements in the public health and sanitary conditions'. They extended their pedagogical role to the youth and poor as well. In this, only issues related to juvenile health, toxic effect of drugs and addiction were given due importance. They authored prescriptive texts on these issues in newspapers, journals, medical tracts and booklets. They invoked their educational qualifications and official status as health officers, sanitary inspectors or doctors to lend authority to the publication. In this context, this chapter emphasized, in particular, on the way in which the body as a site of knowledge about modern science and modern lifestyles came to the centre of such writings. One section was solely involved in imparting physiology and anatomical details of the body. However, another section intervened in the modern lifestyle by providing information for a healthy mind and a healthy body.

Ayurvedic practitioners in order to identify themselves in the new world of modern science and to avoid humiliation from allopathic physicians also acquainted themselves with the new techniques of diagnosis. These technologies appealed both to patients and practitioners as it allowed near accurate diagnosis without any breach of *purdah* norm. They also sought to locate modern notions and ideas about the municipal organization of sanitation and public health in the Vedic past. They held that seemingly new medical ideas and technologies were not an alien form of knowledge, but could be found in ancient Ayurvedic texts as well. Scientific knowledge about body and pleasure was correlated with the modern discourse of eugenics, childbirth and a scientific 'rationality'. Thereby, an attempt was made to correlate the discourses on nationalism with voices for male or a male-dominated nation. They felt that for lower classes it was not possible to control sexuality, so they used the idea of self-control or periodic abstinence for healthy reproduction. Krishan Kant Malaviya, Santram and Banarsi Lal Verma were in support of contraceptive devices such as 'condoms' for sexual pleasure as well as to maintain healthy procreation. Some of them were also using natural techniques in the form of films to meet the market demand. This rich corpus of Hindi tracts shows that there was concern only about the man's

health, thus marginalizing women. Repressive sexuality was widely preached against homosexuality even while accepting it as a part of male sexuality.

Thus, medicine on the one hand seems to offer many possibilities for maintaining health but this chapter also reflects upon a critique of colonial capitalism where industrialization, city life and mechanization had adverse effects. For example, it was thought that many of the ills of the body such as loss in virility and weakness were caused by the modern lifestyle. They idealized village life as a source of purity, free from pollution. The use of folk idioms by the educated class shows a conscious attempt to reach the masses irrespective of whether people accept it. Analysis also shows that the educated sections were not passive recipients. They tried to internalize the modern notions, thus securing their space in the newly created professional structure along with their social status.

Notes

1. Poet Pandit Mahendra Shastri 'visharad', resident of Chhapara district of Bihar was a nationalist and social reformer. The subjects of his poetries were poverty, peasant's condition, social reform and nationalism. Mahapandit Rahul Sanskritayen and Dr Krishandev Upadhyaya (eds.), *Hindi Sahitya Ka Vrihat Itihas, Vol. 16: Hindi Ka Lok Sahitya*, Kashi, Nagari Pracharini Sabha, 1961, pp. 167–68.
2. All translations from Hindi are mine, unless otherwise stated.
3. Prem Chand was born at Lamahi village about four miles away from Benares, on 31 July 1880. His original name was Dhanpat Rai. Some of his novels were *Sevasadan* (1918), *Premashram* (1922), *Rang Bhumi* (1926), *Kayakalp* (1926), *Nirmala* (1928), *Pratigya* (1929), *Gaban* (1931), *Karmbhumi* (1932) and *Godan* (1936). Prakash Chandra Gupta, *Makers of Indian Literature: Prem Chand*, New Delhi, Sahitya Akademi, 1968.
4. Premchand, *Godan: A Novel of Peasant India*, (Trans.) Jai Rattan and P. Lal, 12th Edition, Bombay, Jaico Publishing House, 1994, p. 14 (hereafter *Godan*).
5. Premchand in his short story, "The Road to Salvation", described the doctor's pride in patients seated before him as equivalent to the pride the peasant takes in his flourishing field, the soldiers in his red turban, or the coquette's in her jewels. David Rubin (Trans.), *The World of Premchand Selected Short Stories*, New Delhi, Oxford University Press, 2001, p. 19.
6. *Godan*.
7. Ibid., p. 224.
8. Ibid., p. 228.
9. Kenneth W. Jones, *Arya Dharma: Hindu Consciousness in Nineteenth Century Punjab*, Berkeley, California University Press, New Delhi, Manohar, 1976.
10. For cleansing, rituals are an aspect of every day Banarsi life. See Nita Kumar, *The Artisans of Banaras: Popular Culture and Identity, 1880–1986*, Orient Longman, 1995, New Delhi, pp. 83–89.

11. David Arnold, "Ecology and Cosmology of Disease in the Banaras Region", in Sandria B. Frietag (ed.), *Culture and Power in Benares: Community, Performance, and Environment, 1800–1980*, Delhi, Oxford University Press, 1989, p. 265; Neville reported that the project was completed in 1892. H.R. Neville, *Benares: A Gazetteer*, Vol. XXVI of the District Gazetteers of the United Provinces of Agra and Oudh, Allahabad, Government Press, 1909a, pp. 262–63 (henceforth *DG Benares* 1909).
12. 'Ecology and Cosmology', p. 265.
13. Bharat Jiwan, 22 November 1886 in *Selections from the Vernacular Newspapers of the North Western Provinces.*
14. Emphasis added, *DG Benares*, 1909, pp. 262–63.
15. Emphasis added, "Bharat kee unnati kaise ho?", *Nagari Pracharini Patrika*, 1902 (Reprinted Article in Bhartendu Ank, Samvat 2007), Nagari Pracharini Sabha, 1952, p. 127.
16. Pandit Kali Charan Dubey, *Balakon Ke Poshanarth Avashyak Sikshayen*, Benares, Public Health Department, Municipal Board, 1913.
17. Ibid., p. 2.
18. Emphasis added.
19. Ibid., p. 4.
20. Pt. Kali Charan Dubey was a prolific writer of pamphlets for the Public Health Department of the Benares Municipal Board. In 1913 he published the following clutch of pamphlets – *Haiza Chinnh Nidan–Rokene Ke Upay* [Cholera, its Symptoms and Cure]; *Malaria Ya Fasli Bookhar Ya Sheetjwar* [Malaria]; *Taun* [Plague], *Chechak* [Small Pox].
21. Pt. Kali Charan Dubey, *Chechak*, Benares, Public Health Department, Municipal Board, 1913, pp. 1–4.
22. Ibid., p. 4.
23. Shri Gopal Prasad Khatri established *Nagari Pracharini Sabha* on 16th July 1893. Its main objective was the popularisation of *nagari* script and Hindi language. *Nagari (Pracharini Sabha)* published following health tracts–Jagrani Devi, *Chuut Wale Rog Aur Unse Bacchne Ke Upay* [Contagious Diseases and their Preventive Measures], 1909; Mahendulal Garg, *Paricharya Pranali* [Nursing], 1909; *Streeyon Ke Rog Aur Unki Chikitsa* [Women Diseases and their Treatments], n.d ; Following two books published by Nawal Kishore Press were very popular–Lala Baidyanath, *Plague Nivaran Upay* [Prevention and Treatment for Plague], 1909; Balak Ram Shukla, *Malaria Vijnan* [Malaria Science], 1939.
24. *Saraswati*, 9, 4, April 1908, pp. 208–10.
25. Ibid.
26. *Saraswati*, 9, September 1908, pp. 399–402.
27. Lalli Prasad Pandey, "Malaria", *Saraswati*, 9, 11, November1908, pp. 492–94; Lalli Prasad Pandey, "Malaria Ke Machhad" [Mosquitoes of Malaria], *Saraswati*, 12, 2 February 1911, pp. 68–72.
28. Pandit Madhav Rai Vaidyajee, 'Preface' in *Dactory Chikitsa*, Bombay, Khemraj–Srikrishan Das, 1947.
29. Pandit Ramakant Tripathi, *Sachitra Injection Chikitsa Artharth Sui Kee Pichkari Duara Rogon Kee Chikitsa,* Mathura, Chetrapal Sharma–Sukhsancharak Company, 1933, pp. 2–3.
30. *Sudarshan Journal*, 1, 1, n.d. pp. 38–40.

31. *Saraswati*, 35, 9, 1934, pp. 407–15.
32. In January 1836 at the newly established medical college in Calcutta a Brahmin instructor, Pandit Madhusudan Gupta and four Indian students performed a human dissection for the first time. Centenary of Medical College hailed it as the day when "Indians rose superior to the prejudices of their earlier education and thus boldly flung open the gates of modern medical science to their country men". The momentous day was duly celebrated in a militaristic fashion, by firing a fifty-round salute from the guns of Calcutta's Fort William. *Centenary of Medical College*, Bengal, 1935, p. 13, cited in David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Delhi, Oxford University Press, 1993, p. 6.
33. Dr Ram Narayan Sharma, L.M.S (London), "Manushya Kya Cheej Hai?" [What is a Human Being?] *Saraswati*, 13, 6, June 1912, pp. 301–34; Doctor Gadgil, M. D., "Manav Sharir Ke Adhbhut Karya" [Amazing Work of Human Body], *Saraswati*, 36, 3, March 1935, pp. 258–62.
34. *Saraswati*, 10, 5, May 1909, pp. 221–23.
35. *Saraswati*, 9, 11, November1908, pp. 430–32; *Saraswati*, 7, 4, April 1906, pp. 201–02.
36. *Saraswati*, 1902, (reprinted in Hirak Jayanti Granth of Saraswati, 1950), pp. 162–69.
37. Munshi Ganga Prasad Varma gave fever as the main reason for higher mortality. Zamana (Cownpore), May (received on the 26 June 1908), *SVN* of the North Western Provinces, p. 602.
38. Bharat Jiwan (Benares), 1 May 1893, Selection of the Vernacular Newspapers of the North Western Provinces, p. 191.
39. *Hindi Hindustan* (*Kalakankar*), 16 January 1906, *SVN*, p. 129; Nasim-i-Agra (Agra), 19 January 1906, Selection of the Vernacular Newspapers of the North Western Provinces, p. 217; Hindi Hindustan (Kalkankar), 4 March 1906, Selection of the Vernacular Newspapers of the North Western Provinces, p. 129; Almora Akhbar (Almora), 31 March 1906, Selection of the Vernacular Newspapers of the North Western Provinces, p. 217.
40. *Hindi Hindustan* (*Kalakankar*), 16 January 1906, Selection of the Vernacular Newspapers of the North Western Provinces, p. 129.
41. According to the Director of Public Health Department … the immigrants act as a universal propagator of disease and infection. Aged and diseased persons wishing to die in the holy city Benares were the major immigrants. Due to overcrowding and unsanitary conditions, Benares became the epidemic ground of Cholera, Typhus and Plague and also suffered consecutively to chronic outbreaks of Malaria and Dysentery. Administration reports confirm the highest mortality rate of the Benares through most of the 19th century… . Benares was one of the most deadly cities in the northern India. With the onset of the monsoon, the mortality from fevers due to Malaria, Dysentery and Cholera flourished. *Basant (Rog)*, Small pox, reached its greatest intensity between March and June due to high temperature and low humidity. Benares suffered severe epidemics in 1878, 1884, 1889, 1897, 1926, 1930, 1934, 1942–45 and 1951–52. *Annual Report of the Director of the Public Health of the UP*, Allahabad, Government Press, 1925.
42. *Saraswati*, 35, 4, 1934, pp. 467–68.

43. Dr Raghubir Sahay Bhargav, (M.D. Homeo), *Stethoscope*, Bulandshar, Dr Raghubir Sahay Bhargav, 1926, p. 1.
44. Ibid., p. 2.
45. These instruments also met the orthodox hindu requirement of avoiding the touch. Pandit Madhav Rai Vaidyajee, *Dactory chikitsa*, Bombay, Khemraj–Srikrishan Das, 1947.
46. Emphasis added, it is important to note that injecting medicine through syringes has been defined by an Aurvedic practitioner. Pandit Ramakant Tripathi, *Sachitra Injection Chikitsa Artharth Sui Kee Pichkari Duara Rogon Kee Chikitsa,* Mathura, Chetrapal Sharma- Sukhsancharak Company, 1933, pp. 2–3.
47. Premchand, *Nirmala*, Banaras, Saraswati Press, 1923, pp. 116 and 121.
48. *Saraswati*, 23, 1, 1922, pp. 86–88.
49. *Nirmala*, Banaras, Saraswati Press, pp. 67–68.
50. Ibid.
51. Vaidyabhushan Shyamlal, *Sachitra Guptrog Chikitsa*, Aligarh, Vaidyabhushan Shyamlal, n.d.
52. Dr Baba C. C. Sarkar, *Stree Va Baal Rog Chikitsa,* Lucknow, Newal Kishore Press, 1937.
53. Babu Sannulal Gupt Girdavar, *Stri Subodhini*, Lucknow, Newal Kishore Press, 1922.
54. Ganeshdutt Sharma Gaur, 'Indra', *Santan Shashtra*, 2nd edition, Allahabad, 1928.
55. Nirmal Bala, "Kamini Kotuhal", in *Saraswati*, 4, 8, 1903; Nirmal Bala "Prasuti" [Child delivery], in *Saraswati*, 4, 11, 1903; Nirmal Bala "Rajo–Darshan", *Saraswati*, 4, 12, December 1903.
56. *Saraswati*, 4, 8, 1903.
57. *Saraswati*, 4, 11, 1903; *Saraswati*, 4, 12, December 1903.
58. Hemant Kumari Devi, "Mahilaon kee swasthya raksha ke liye aavasyak upay", *Abhyudaya,* 30 November 1936, p. 21.
59. Suryabali Singh, *Brahmacharya Kee Mahima*, Banaras, S.B. Singh & Co., 1931, p. 5.
60. Propagandist of *Brahmacharya* felt that self-control for healthy reproduction was something, which only the educated were capable of, and it was not possible for the lower classes to control sexuality. So they used the idea of self-control for them. Ibid.
61. Pandit Jagannarayandev Sharma, *Brahmacharya Vijnan,* Ajmer, Sasta-Sahitya Prakashak Mandal, 1927, p. 1.
62. Ibid., p. 3.
63. Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India*, Delhi, Permanent Black, 2001, p. 69.
64. Suryabali Singh, *Brahmacharya Ki Mahima*, Benares, 1928; Gaurdas Maharaj, *Brahmachari Bano*, Agra, 1928; Pannalal Sharma, Yuva Rakshak, Agra , n.d.; Lala Bhagwan Din, *Bhrahmacharya Ki Vaigyanik Vyakya*, Kashi, n.d., Chimmanlala Vaishya, *Virya Raksha*, Meerut, 1928; Ganeshdutt Sharma Gaur 'Indra', *Svapn Dosh Rakshak*, Benares, 1929; Ramchandra Vaidya Shashtri, *Balopyogi Virya-Rahasya,* Kanpur, n.d., all cited in *Sexuality, Obscenity, Community*, p. 69–70.
65. Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India*, Delhi, Permanent Black, 2001, p. 70.

66. I have drawn substantially in this section upon Charu Gupta's chapter, "Redefining obscenity and aesthetics in print", *Sexuality, Obscenity, Community,* pp. 39–65.
67. The advertisement for *Kamkala Rahasya* claimed that it had attractive pictures, which thrilled the heart, and that it was full of sexual desire. *Vartman*, 18 March 1925, p. 25; Ibid, p. 53.
68. Advertisement for "Kam Tatha Ratishastra Sachitra", *Abhyudaya,* 26 April 1924, p. 10; Ibid, p. 54.
69. Santram, "Rati Rahasya", *Madhuri*, 3, 1, 5 December 1924, pp. 601–05; his other writings were *Vivahit Prem* and *Rativilas*, Ibid., p. 59.
70. Banarsi Lal Verma, *Kashmiri Kokshastra*, Prayag, 1928; Sushila Devi Nigam, *Dampatya Jivan*, Allahabad, 1930; Ibid., p. 60.
71. Ibid., p. 60.
72. K. K. Malaviya, *Suhag Raat,* Prayag, 1930*; Manorama Ke Patra: Apne Patiyon Ke Naam,* Prayag, 1927. His other works were *Patiyon Ko Seekh* and *Bahurani Ko Siksha*, Ibid, p. 60.
73. Adevertsement for Birth Control Techniques, *Abhyudaya*, 8 January, 1940, p. 9.
74. Anara, an elderly woman whom I met coincidently at the Dashaswamedha Ghat recalling the debates on the issue of limited children says that she herself had only three children with five-year gap each. She, eight class passed, visited Banaras from a nearby place Pratabgarh on 22 December 2002. There may be another possibility as well, that is, she might have internalized the above notion with the passage of time. In contrast to this most of the old women with whom I discussed this issue say that children were their assets and having more sons means more assets. Interestingly these old women did not count the female child as assets.
75. "Bharat Kee Unnati Kaise Ho Sakti Hai?" in *Nagari Pracharini Patrika* 1902 (reprinted article in Bhartendu Ank, 55 years, Samvat 2007), Nagari Pracharini Sabha, 1952, p. 127.
76. Arya Mitra, 24th May 1906, Selection from Varnacular Newspaper, p. 318.
77. Nasha Nished
    Pandit Mahendra Shastri Visharad, *Hillore*, Patna, 1926, pp. 7–8.
78. Nageshwar Sharma, "Women in Magahi folklore" in Sri Sankar Sen Gupta (ed.), *Women in Indian Folklore: A Short Survey of their Social Status and Position*, Calcutta, Indian Publications, 1969, p. 84.

3

The Professionalization of Medicine: Aspirations and Conflicts

Hai ajkal dactory jisse mahamahima mayi,
Vah asuri namak chikitsa hai, yanhi se lee gayi.[1]

That 'doctory' so glorified these days,
That devilish treatment was taken from here (India) only.

This couplet by vaidya Kaviraj Shree Atridev Gupt is both a reluctant admission of the current pre-eminence enjoyed by western medicine for all its 'devilish' association and an assertion that the source of all its inspiration laid in the healing tradition of India.

This chapter seeks to show how both Indian allopathic practitioners and indigenous medicine practitioners had to struggle against the professional 'borders and boundaries' demarcated for their social standing by the colonial government. It reflects what were the emerging public platforms in Banaras which made space for the Allopathic and Ayurvedic medical practitioners; in associating Ayurveda with their cause, what the tensions generated with other systems of medicine were. It further shows how the 'professionalization' of medicine was a common endeavor both for the British and the Indian doctors trained in western medicine and a ground for conflict. At another level Indian Allopathic physicians were also engaged in a tussle with indigenous medical practitioners in their efforts to extend their clientele. It then explores how

indigenous practitioners sought to refurbish their status and credentials by laying out their own institutional and other criteria for a 'professional' standing.

Ayurveda: Refurbishing Status and Credentials

What one sees in the late nineteenth century is that the indigenous practitioners in Banaras tried to find space for their cause through *Kashi Nagari Pracharini Sabha* (hereafter KNPS).[2] KNPS was basically founded to popularize Nagari script and Hindi language, and also helped to consolidate a public platform for the practitioners of indigenous medicine, particularly *Vaidyas* because Ayurveda was identified with 'Hindus' and 'Hindu'- related scriptures. Alliances with *vaidyas* in turn helped KNPS initiative towards the cause of popularization of Hindi. At this point they were working at a broader platform, that is, a common *swadeshi* idiom was the main point of interest among indigenous practitioners.[3] This *swadeshi* idiom was politicized into many strands such as Hindu publicist or orthodox Hindu nationalist, which defined ayurveda as *swadeshi* and they opposed not only western medicine but were also against Unani practitioners.[4] Consequently one finds that most of the issues on indigenous medicine and particularly Ayurveda were raised by KNPS. Well-known *vaidyas* of the late nineteenth century from Banaras such as Pandit Arjunjee Mishra and Vaidya Channulal were active members of the KNPS. They participated in the early meetings of KNPS and inserted the theme of indigenous medicine into its agenda to shape new ideological alignments.[5] KNPS advocated for Ayurveda but it also incorporated western medicine. This could be justified on the basis of books on western medical science in Hindi published through KNPS. It also extended its membership to Allopathic practitioners. KNPS paved the way for the foundation of public associations specifically meant for indigenous medical practitioners at the provincial and all-India level.[6] The all-India bodies provided a wider platform to indigenous medical practitioners.

In the first half of the twentieth century, the 'All India Vaidic and Unani Tibbi Conference' (hereafter AIVUTC) and *Nikhil Bharatvarshiya Ayurved Mahamandal* (hereafter NBAM) were the two most enduring bodies with an all-India representation. AIVUTC was founded by Haziq-ul-Mulk Hakim Ajmal Khan in February 1906.[7] In the same year, under the patronage of Maharaja of Darbhanga Sri Rameshwar Singh, Ayurved

Mahopadhyaya Pandit Shankardaji Pade established an Ayurved Vidyapeeth at Nasik named after Gaekwad Sri Sayajirao Maharaj. This Vidyapeeth gave birth to an all-India based organization known as NBAM.[8] More societies emerged in the period 1910–20 in the context of public debates around the Medical Registration Bill of Bombay, Punjab and at all India level.[9] Various political parties forming various political alliances with many permutations and combinations supported these associations. Indian National Congress supported all indigenous medical associations and also provided political platform to *vaidyas* and *hakims*. Eminent Vaidya Pandit Jagannath Sharma Bajpai was also an active Congress worker at Banaras. However, Hindu Mahasabha only supported vaidya associations and the Muslim League aligned with All India Vaidya Unani Tibb Association. Member of one organization was also a member of other association such as Kaviraj Pundit Ama Chand Ji from Banaras and Vaidya Pundit Sheo Ram from Allahabad were members of both NBAM and AIVUTC.[10] Politicians and social activists from Banaras such as Madan Mohan Malaviya an active member of INC and Hindu Mahasabha, Siv Prasad Gupta an INC member and social activist Bhagwan Das broadly supported all indigenous system of medical knowledge and their practitioners. However, in their speeches they had different viewpoints. The need for these platforms arose when *vaidyas* and *hakims* were challenged by the Allopathic practitioners in order to capture the clientele. The following section shows how *vaidyas* and *hakims* tried to defend themselves from the platform of these associations.

The Issue of 'Quacks and Quackery'

The practitioners of indigenous medicines were major competitors along with *hakims* and folk healers to the Allopathic practitioners. So to secure their interest, British and Indian Allopathic doctors came forward with a demand to register qualified medical practitioners. Roger Jeffery points out 'Although medical education on Western lines was well established by the 1880s, graduates and licentiates still found the competition from indigenous practitioners too much for them to make an easy living even in the major cities, and very few of them ventured outside the Presidency towns'.[11] A tug of war took place between indigenous medicine practitioners and Allopathic physicians to gain access to a wider clientele.

Indian doctors with training in western medicine were ready to label their main competitors the *vaidyas* and *hakims* as **quacks**.[12] They argued

that there was no institutional set-up for indigenous system of medicine, so it was not possible to distinguish between the eminent *vaidya* and the quack.[13] They pointed out that *vaidyas* and *hakims* were not put through any uniform curriculum and they did not have the benefit of clinical training and experiments. However, Ayurvedic practitioners differed from one place to another in their method of diagnosis and treatment. The qualifications and expertise of an Allopathic practitioner could be checked through his degree certificate awarded after a proper course of training and examination.[14] Allopathic practitioners further pointed out that this expertise involved a great outlay of time and money. Therefore, only medical practitioners who possessed a license or degree from a 'recognized' school should be allowed to practice medicine. Readers of vernacular newspaper sometimes supported this call. For instance, referring to the conviction of a quack in Kolkata, an Indian reader asked 'to protect the ignorant people from the quacks'[15] A column in the *Leader* pressed for 'legislation to protect the life and health of the people against unqualified and uncertified quacks' and urged that they should not be allowed to practice at all.[16] However, there were other participants in this debate such as the editor of *Oudh Akhbar* who pointed that if all such providers of healing were disqualified 'it will be a great hardship to the poorer classes, who cannot afford to pay the fees of qualified doctors nor the prices of the medicines prescribed by them.'[17] The agitation, he contended, was derived by selfish motives and not by a concern for the public good.

Eminent vaidyas from Banaras such as Pandit Arjunshree Mishra, Pandit Shyamsundarcharya and others reacted strongly against allopathic practitioners for calling them quacks. Kavibhushan Gannath Sen in his presidential address to the third session of *Nikhil Bhartiya Vaidya Sammelan*, which was held at Allahabad in 1911, criticized their shortsightedness and claimed that they (*vaidyas*) were not quacks. He spoke:

> … *Yadyapi gyankarna garvit keval paschatya vidya matra se andhibhoot koi koi manushya vaidyon ka uphas karke unhe '**soontha mircchayya vaidya**' (quack) kahte hain kintu unke kahne se kya ayurved ka mahtva kam ho sakta hai? Kabhi nahi*… .[18]

> … many people blinded by western education used to insult vaidyas by calling them **quacks**. But can this lessen the importance of ayurveda? Never … .[19]

To refute this charge of 'quackery', indigenous practitioners tried to build up an opinion through the press. Hindi print media also voluntarily provided strong support to vaidyas and hakims through their columns. The editor of the *Sulemani Akhbar* published from Banaras contended that failed students of medical college practised privately and these should be labeled as 'quack' because they were the major threat to the medical community and to society. They gained access to the public by publishing elaborate advertisements of their medicines and 'the whole profession should not be made to suffer on account of a few black sheep'.[20] The editor of *Samrat* wrote that the people in large towns could count on dispensaries and hospitals, but the villagers, could not do without vaidyas and hakims who gave them medicine free of charge. For this reason alone 'Government should encourage them by granting them with titles and honour, instead of discouraging them by adopting legal measures and Ayurvedic medical schools should be opened at central places for the revival of this ancient system.'[21]

In the midst of a debate on quack and quackery the Bombay government took the lead in passing the Medical Registration Act in 1911, 'to protect the public and the medical profession from the irregularly qualified practitioners'.[22] The Act laid down that only those who had acquired a degree from a recognized European or Indian university or a diploma or certificate from a Government medical school could engage in medical practice.[23]

The act did not refer to the Indian systems of medicine, but it indicated that only registered practitioners would be allowed to enter government medical services and work with government medical facilities. Barbara Metcalf holds that the attempt made by the British and Indian physicians to secure registration Acts in each Province was a major assault on the indigenous systems of medicines and its practitioners.[24] She points out that as a result of this act 'no doctor of indigenous medicine could be legally recognized to give testimony in legal disputes, to certify illness for workers, or to perform any other legally required function'.[25]

Vaidyas and *hakims* responded to the Medical registration acts by demanding their withdrawal or by asking to be included among those who qualified as registered medical practitioners. For instance-popular unani practitioner Hakim Ajmal Khan, in his speech to the *All India Vaidic and Unani Tibbi Conference*, pointed out that no Indian University imparted

education in any system of medicine other than allopathic. So, the act was a direct threat to *vaidyas* and *hakims* and would leave them without any legal rights.[26]

Indigenous practitioners intervened both defensively and assertively, reviving and reconstituting the Ayurvedic tradition on the one hand, and promoting it on a nationalist platform on the other.[27] In their encounter with modernity and their dialogue with biomedical sciences, indigenous physicians continuously reinvented indigenous medical practices. To place their position in Medical Registration Act, they continuously underlined the superiority of Ayurveda and Unani medicine in relation to western medicine. Madan Mohan Malviya, an orthodox Brahmin and supporter of Ayurveda, through his mouthpiece *Abhyudaya*, pointed out the superiority of the Ayurvedic system of medicine over the Allopathic system. Speaking from the *swadeshi* platform, he urged the desirability of national colleges being opened to impart Ayurvedic instruction. Besides being fundamentally unsuited to the Indian temperament, he pointed out that foreign medicines were costly and 'involve a heavy drain upon the country, in that the money spent in purchasing them goes to foreign countries.'[28] He also condemned their use from a religious standpoint since they generally contained alcohol and other ingredients, forbidden to Hindus. He alleged that the missionary hospitals afforded facilities in making converts to Christianity.[29] The revival and development of Ayurvedic system of medicine, he told, would be a potent factor in the growth of Indian nationalism and would demonstrate to the world the greatness of the ancient civilization of India.[30] Pandit Jagannath Prasad Shukla, renowned *vaidya* from Allahabad and an active founder member of NBAM echoed in the same voice and urged all *vaidyas* and *hakims* to protest strongly against the measure through his editorial in the Hindi journal *Sudhanidhi*, published from Allahabad.[31]

The *vaidyas* and *hakim* associations such as 'All India Vaidya-Yunani Tibb Conference', *Ayurved Mahamandal*, and *Provincial Vaidya Sammelans*, strongly protested against the legislation, questioning the grounds on which they had been declared 'unqualified'. The professional norm put forward by the government, they argued, did not really prove the inherent value or the advance of western medical practice over other forms. The difference really lay in the institutionalized State patronage that had supported and directed these standards and this could as easily be extended to indigenous medicine.

At the *Nikhil Bhartiya Vaidya Sammelan* at Mathura in 1913, a vaidya leader Kaviraj Shri Umacharan Bhattacharya from Banaras outlined this position:

> The way the *Sarkar* wants to save the public from false doctors, it would do no harm if in the same manner the government attempted to offer protection from fake Vaidyas. But without distinguishing between real and false, to call Vaidyas and Hakims unqualified … is a matter of grave concern. [After all] how is it that the *Sarkar* is today able to call doctors qualified? When it has opened dozens of schools and colleges for its education and when for its sustenance lakhs of hospitals has been opened. It must then offer the same facilities to the Vaidyas … and for their education offer funds and facilities so that it can be decided who can be termed as qualified or not.[32]

Pandit Krishan Kant Malaviya, the editor of *Abhyudaya* remarked that government should not disregard the qualifications of *vaidyas* and *hakims*, who were in no way inferior to English physicians in handling serious cases. Instead of adopting measures detrimental to their practice, it should open institutions to train and qualify *vaidyas* and *hakims*.[33] The *Hindustan* suggested the addition of an Ayurvedic class to the existing Medical School at Agra because villagers used to consult *hakims* and *vaidyas* whose professional knowledge was quite unsatisfactory and 'If indigenous practitioners receive a systematic education they could be more useful to their patients and will cause less loss of life.'[34] Distinguished *vaidyas* from Banaras also invoked their traditional standing and their public popularity as proof of their status. Their drugs, they claimed were for superior in therapeutic success.[35]

Indigenous medical practitioners supported by local Hindi newspaper demanded official certification and registration for indigenous practitioners. A correspondent of *Hindustani* said that a new regulation, authorizing certified private practitioners to grant medical certificates to government servants should be extended to the Unani and Ayurvedic practitioners as well.[36] People also strongly advocated the appointment of indigenous practitioners in the municipality.[37] They also suggested that the services of Indian *hakims* and *vaidyas* should be enlisted for the distribution of quinine among villagers, and itinerant dispensaries should be provided in rural areas.[38]

They also critiqued the contradiction of government's position. For instance, *Sudhanidhi*, a journal on and for *vaidyas*, frequently asked the government to clarify its stand, since a very limited and elite clientele were affected by the Medical Registration Act, and this implied the neglect of the condition and quality of medical relief afforded to the masses.[39] They also demanded a clarification of the government's contradictary attitude towards indigenous medical learning and its practitioners pointing out that on one hand, government provided grants in aid to institutions such as the DAV and the Tibbia colleges, and on the other it declared indigenous practitioners as 'unqualified'.[40]

In the midst of Registration debate, the United Provinces Medical Registration Bill modeled on the same lines was introduced in the United Province Legislative Council on 14 February 1916.[41] The Medical Registration Act secured significant privileges for 'legally qualified' or 'duly qualified' practitioners such as giving them State recognition, the power to claim fees in court, and the power to sign death certificates and other such declarations.[42]

> … no certificate required to be given by a medical practitioner or medical officer under any United Provinces Act or any Act of the Governor General of India in Council in force in the United Provinces shall be *valid unless such practitioner or officer is registered* under the Medical Acts or this Act … .[43]

However, in response to great opposition and the pressure created by indigenous medicine practitioners, the Government of the United Provinces was forced to appoint a Committee to consider the United Provinces Medical Bill of 1916.[44] A committee of seven members was constituted under the chairmanship of Mr S. P. O'Donnell, ICS, Secretary to the Government, United Provinces, Medical Department. O'Donnell presiding the meeting on 28 February 1916 at the *Dar-ul-Shafa* Lucknow presented his report. In his report, he clarified that 'properly qualified medical' meant 'qualified to practice the western methods of allopathic medicine and surgery'. He further assured that the Bill placed no restriction upon the practice of Indian *vaidyas* and *hakims*. Pandit Jagat Narayan endorsed for the addition of a line 'nothing in this act will apply to the practice of Indian *Vaidyas* and *Hakims*' at the end of the act. Members of the United Province Legislative Council Babu Balak Ram and Lala Sukhbir Singh backed this suggestion. With the recommendation

of the Committee, an impressive amendment was made in the Bill. Clause 36 was added in the bill, which states that 'the law in any way would not affect Homeopathic, Ayurvedic or Unani practitioners' and that association with such practitioners would not be regarded as constituting 'infamous conduct'.[45] With these additions, the United Provinces Medical Bill was passed on 2 April 1917 and was known as United Provinces Medical Law III of 1917.

Along with defending quacks and quackery and mediating with the government, these associations also tried to gain public opinion in their support. For this, they adopted various strategies to recreate their identity.

Ayurved Prachar

Attracting the Public Gaze

The leadership in these conferences sought to mobilize a community of practitioners, to demarcate institutional and organizational boundaries for indigenous practitioners and to develop a common unified canon of learning and practice.[46] Looking at various issues of *Sudhanidhi* and *Saraswati,* one feels that these public associations adopted various strategies such as organizing *jalsas*, exhibitions, honouring titles, standardizing medicine and a uniform syllabus. In their initiatives to mobilize and establish institutional networks, these new associations set themselves up as spokesmen and regulatory authorities in the realm of indigenous medical practice. One feature to note is the patronage given to these organizational efforts by the princely states. The Raja of Banaras patronage to Hindu traditional learning through these organizations was meant to regain and revitalize their social status and respectability.[47] For instance, Pandit Jagannathprasad Shukla in praise of the 11th session of Ayurved Sammelan exclaimed "*… swagat-jaloos aur prabandh mein rajya-sahayata kee spasht chaap dikhti hai. Ise se sammelan khoob* ***thaath*** *ke sath hua … .*"[48] Some indigenous practitioners advanced their own funds for these *jalsas* and collected *chanda* from colleagues and practitioners.[49] *Sammelans* and conferences competed to demonstrate their prominence in their guest lists. The AIVYTC in its *jalsas* in Delhi (1911) had an impressive list of local *raises*, honorary magistrates as well as municipality members. *Vaidya* and *hakim* leaders such as Hakim Ajmal Khan, Madan Mohan Malaviya, and Pandit Jagannath Shukla also deployed their influence to invite the socially prominent people of each city, including well-known speakers and public men from outside the State.[50]

These associations wanted to cast *jalsas* as important civic events. Describing some of these early *sammelans* as important civic events, Pandit Jagganathprasad Shukla Vaidya wrote:

> … Second session of *Vaidya Sammelan* took place at Panvale in the Colaba district from 17th to 20th April 1908. Popular citizen and Vice Chancellor of Bombay University, Seth Tribhuvandas Mangaldas J. P. inaugurated the ayurvedic exhibition … Fifth *Vaidya Sammelan* was held in Mathura from 20th to 23rd December 1913 … and till date Mathura exhibition was one of the best organized exhibition with proper arrangement … Judge *Mahodaya* of Mathura inaugurated the exhibition … .[51]

The *jalsas* were usually a three-day programme, much like many other contemporary public gatherings.[52] *Kavi durbars* and *Tibbi Mushairas* were a standard and popular item meant to encourage an ambience of togetherness as they pressed for unity against ambitious doctors, quack *punsaries* and lamented Government neglect.[53] Some sessions even hosted poetry sessions of distinction as cultural events with a patronage of not only local poets but also of invitees from afar.[54] These annual conferences and *sammelans* also had exhibitions where practitioners interacted and participated in the display of pharmaceutical products. Others distributed and sold copies of writings and tracts.[55]

To publicize Ayurveda, *Vaidya Sammelans* and vaidic journals often traced the careers of notable practitioners, and also carried obituaries that discussed the contributions of the deceased practitioners.[56] The *Ayurved Sammelan* attempted to enumerate and locate 'legitimate' practitioners in an early effort to compile a 'Vaidya Directory'.[57] This exercise was one in which the *Sammelan* assumed the power to decide who was a 'qualified' practitioner, and underlined the strength of its representation of a corpus of practitioners. By their association with important public figures, the *Vaidya Sammelan* reassured both practitioners and the lay public of the social sanction and civic prestige accorded to indigenous medicine. As Kavita Sivramakrishnan puts it:

> The Annual *Sammelan* was meant to attract the public gaze … . The *Sammelan* or *jalsa* were public and visible, with their organizers judging the success or failure of a particular event by its press coverage. The first inaugural day, always covered in the vernacular press was to be marked by a procession that wound its way through the host city punctuated with lay participation.[58]

Jalsas also provided an occasion for *vaidyas* to lobby for political leverage with important public figures to participate in the arenas of local, municipal politics. They were to serve them as important mediators in mobilizing funds and implementing many of the agenda that these organizations were campaigning towards.[59] Many practitioners became active on a broadband political platform. Ayurvedacharya Pandit Jagannath Sharma Bajpai was an active member of the Banaras and was jailed for a year in 1930 for participating in the *Satyagrah* Movement. The Ayurvedic medicine shop, he opened in 1932 in Banaras, the *Swasthya Vardhak Aushadhalaya*, spread his popularity as a vaidya and extended his political base. He was elected President of the 8th session of United Provinces Vaidya Sammelan and in 1935 he was elected a member of Indian Medicine Board of United Provinces.[60] Along with providing a platform and political base, the following section tries to see how traditional codes and symbols were used by the *Ayurved Sammelans* for publicizing Ayurveda and creating a common identity.

A Medical God: 'Dhanvantari'

Kavita Sivaramakrishnan highlights another important feature of the *Vaidya Sammelans*- the introduction of *Dhanvantari Puja* and celebration of *Dhanvantari Diwas*. In Hindu mythology *Dhanvantari,* is the deity representing Indian medicine. He appeared with nectar after the ocean was churned by the *Surs* and *Asurs*.[61] Some regard him as the incarnation of Vishnu. The image worshipped by *vaidyas* project him with four hands. The deity represents an image holding herbs, text of ayurveda, pot with nectar and a conch shell (see Figure 3.1).[62] Interestingly *vaidyas* from Banaras claimed a closer association with *Dhanvantari* by identifying him as a historical and not a mythical figure. According to Jyotir Mitra, *Divodasa Dhanvantari* was a king of Kashi, who was an erudite expounder of *Sushruta Samhita*. He inherited his title of 'Dhanvantari' from the name of his great grandfather Dhanva.[63] The lineage which gave its name to Kashi, a ruler of lineage, was an exponent of medical knowledge.

The *Ayurved Sammelan* published a range of tracts on the Ayurvedic tradition and disease prevention, which proved to be an invaluable medium in projecting collective activity and interests. An interesting example of the successful collaboration of *Sammelan* initiated mobilization, and its support and elaboration through the local vernacular press is illustrated in the introduction of a professional '*Dhanvantri Divas*' worship. It was with the formation of Vaidya corporate bodies that the

first instances of collective and 'professional' worship and a celebration of '*Dhanvantri Divas*' began. It was further encouraged and popularized through Vaidya writings as well as in the vernacular press.[64]



Figure 3.1: Dhanvantari as the Incarnation of Vishnu

Source: *Jyotir Mitra, First National Symposium on Charak Samhita-Souvenir, Varanasi, Banaras Hindu University Press, 1995, cover page.*

Ayurvedpanchanan Shri Pandit Jagannath Shukla Vaidya from Prayag first talked about the Dhanvantari deity in his presidential speech during the second session of *Sanyutprant Vaidya Sammelan (United Provinces Vaidya Conference)*, which held at Hardoi in 1919. He provocatively spoke:

> *… ist ke bina ist siddhi nahi hoti, isliye vaidyon mein apne amist-dev ka ist hone ke sivaye aadivaidya bhagwan* ***dhanvantari*** *ka ist hona avashyak hai, isse unki aushadhiyon mein vilakshan shakti aavegi, unka piyushpanditva badega. Pratyak varsh pratyek nagar mein shri* ***dhanvantari mahotsav*** *hona chahiye aur sarva sadharan mein* ***dhanvantari puja*** *ka mahatava pratibimbit karma chahiye. Is avasar mein jo sahayata mile use ayurved mahavidyalaya kee sahayata mein bhejana chahiye … .*[65]

"… that is why vaidyas should have their ancient vaidya god **Dhanvantari** along with their own personal deity; this will enhance the power of their medicine and knowledge of enhancing life. There should be celebration of **Dhanvantari Mahotsava** [dhanvantari festival] in every city and every year and vaidyas should propagate and popularize the importance of **Dhanvantari Puja** [dhanvantari prayer] among people. Whatever help (monetary gain-donations) is there in this celebration should be given to the *ayurved mahavidyalaya*… ."

Later on Shukla carried forward his *Dhanvantari* mobilization in his presidential speech during the 17th session of *Nikhil Bhartiya Vaidya Sammelan* at Patna in 1927. In his speech he effusively assimilated the modern ideas of democracy, liberty and parliament constitution within the framework of *Dhanvantari* as deity, Ayurved as State and Vaidya-Sammelan as Parliament in following words:

"hum vaidya sammelan ko itna drind aur susangathith dekhna chahte hai ki vah vaidyon kee sarkar [Government] *ho sake … bhagwan Dhanvantari hamare samrat* [king], *ayurvediya jagat hamara samrajya* [territory], *anya chikitsa jagat mein ayurved ke prabhav vistar aur gaurav-garima kee svikriti hamare upnivesh* [investment], *vaidya sammelan hamari parliament aur prantiye sammelan hamari prantiye sarkar hogi …"*

… we want to see our vaidya sammelan so strong and well organised that it becomes the government of vaidyas … god dhanvantari our king and ayurved world our state, acceptance of authenticity and credibility of ayurved over other medical systems as our investment, vaidya sammelan as our parliament and provincial sammelan as our provincial government … .[66]

Thus, the *Ayurvedic Sammelan* leadership in particular had an important role in projecting *Dhanvantri* as a common symbol of a professional deity for Ayurvedic practitioners. For instance, Kaviraj Sri Gannath Sen Saraswati Vidyasagar, M.A. L.M.S., Calcutta, presided as President of NBVS twice. He was president during the 3rd as well as 19th session. His presidential speech of the 3rd session did not acknowledge *Dhanvantari* as god. His speech for the 19th session clearly shows the acceptance of *Dhanvantari* deity. He concluded his speech with following lines:

May Dhanvantari, the great incarnation of Vishnu, help you [vaidyas] to achieve this object for the sake of suffering humanity. May the world

reap the full benefit of ayurveda, shining like the newly risen glorious orb in the horizon … .[67]

As a result, by 1930s even smaller towns in northern India reported the celebration of *Dhanvantari* festivities, all commonly timed and with an effort to have similar forms of worship.[68] Rajvaidya Pandit Babunandanjee Bhatt, the maternal grandson of a famous Vaidya Kanhaiyalaljee Dixit of Kashi, set up a charitable Ayurvedic medicine shop in Banaras named *Sri Dhanvantari Dharmamurta Aushadhalaya* and organized an annual celebration of *Dhanvantari Janamutsav* where Ayurvedic medicines, green herbs, and books related to ayurveda were put on exhibition.[69]

Thus, the initial popularity of the festival amongst practitioners was clearly related to the support and publicity that it received from popular, Ayurvedic journals in Hindi such as the *Sudhanidhi* published from Allahabad.[70] The Editor of *Sudhanidhi*, Ayurved Panchanan Pandit Jagannath Prasad Shukla vaidya was an important leader of the *Ayurved Sammelan* and his journal was an important forum for reporting the Sammelan's activities. This journal came out with special *Dhanvantari* issues in the autumn of every year. Initially, its editor wrote the entire section in the journal that delineated to its readers the forms and rituals of *Dhanvantari* worship. In an editorial, he outlined that the *Dhanvantari Puja* was not aimed merely at personal devotion or worship.[71] By the end of 1940s, each Ayurvedic practitioners used to keep an idol of *Dhanvantari* deity and began their daily routine only after praying to him. Many Ayurvedic tracts written shows the imprint '*Om Dhanvantaraya Namaha*' i.e. 'Hail God Dhanvantari' along with his image. *Ayurveda Pracharak* also sought to draw upon comforting images of *Dhanvantari* and reframe it accordingly. This was very much reflected in the cover page picture of a monthly journal *Arogya Vigyan* edited by Khyaliram Dubey.[72] The very centre of attraction is the image of *Dhanvantari* and gracing the bottom left half of the framed picture is of four males of different religion i.e. Hindu, Muslim, Sikh and Christian. To show *Dhanvantari* as common font of healing knowledge for people and practitioners, *Dhanvantari* was shown pouring nectar to the people of all religions. This also reflects the way contemporary nationalism left its footprints on the Ayurveda and its practitioners where *Dhanvantari* was supposed to free the world from disease and lead to independence. Similarly in another cover page of monthly journal *Chikitsak, Dhanvantari* was shown releasing Ayurveda

classics from one hand and surgical instruments from other.[73] In other words *Dhanvantari* is the father of medical and surgical knowledge. Thus, *Ayurveda Pracharak* mould and present *Dhanvantari* in more refined manner arousing the national or religious sentiments in order to establish their supremacy over other medical system of knowledge. The next section shows how different titles were adopted by Ayurveda practitioners in order to give equal status with Allopathic practitioners.

Honouring Designations and Professional Titles

To preserve their clientele and their social status, Ayurveda and Unani practitioners began advertising about themselves and their expertise in newspapers. Indigenous practitioners knew that the *Angrezi Dagtar* [Allopathic Practitioner] was one of the most visible representatives of European medical knowledge. His appearence and personality reflected auhority and dignity. *Vaidyas* and *hakims* aimed at giving themselves equal status. As Allopathic practitioners used the prefix, 'Dr' preciding before their initials, *Vaidyas* also started using various types of suffixes and prefixes to their initials. Dharmanand, an Ayurvedic practitioner presenting his tract *Upyogi Chikitsa* to the public, also presented himself with the impressive title of "Professor Kaviraj Pandit Dharmanandjee Shastri, Ayurvedacharya".[74]

The large *Vaidya Sammelans* and Conferences also played an important role in the attempt to create a sense of professional standing and to forge networks of support. These acted as bodies that conferred sanction, status and legitimacy to practitioners. They granted titles, honorifics, and awards of distinction in the presence of other practitioners as well as a lay public. Visiting *vaidya* leaders, for instance, were frequently honoured with titles of *Ayurved Udarak* or more grandiose honorifics. For instance, Shri Bharat Dharma Mahamandal honoured Pandit Ganesh Dutt Tripathi, a popular *vaidya* in Banaras with title 'Bhishaga Sudhakar'.[75] This was a man reputed to charge a fee of Rupees 300 for a house visit. He was elected President for the first session of UP *Vaidya Sammelan* held in 1918. At its following session in Hardoi, the UP *Vaidya Sammelan* honoured him with the title *Ayurvedya Ratna*. Pandit Arjunmisrajee Ayurved Martand had migrated from Punjab and set up a substantial practice in Banaras, becoming the household *vaidya* of Munshi Mahadev Prasadjee advocate, Rai Krishanjee and Raja of Banaras Shri Prabhunarayan Singh.[76] He founded a training school for Ayurveda the *Arjunshri Ayurved Vidya Prabodhini Pathshala* in 1917 with *rais*, prominent public men and *vaidyas*

as members in its committee and also opened one charitable Ayurvedic medicine shop *Dharmarth Ausadhalaya*.[77] He was also nominated as a member of the first organizing committee *Prabandh Karini Sabha* of BHU. *Bharat Dharma Mahamandal* honoured him with title *Ayurved Sindhu*. After 1930s, Government of India also honoured some *vaidyas* with grand titles for their services.[78]

With the help of titles honoured in *sammelans* and the commercial successes of pharmacies *vaidya* leaders tried to influence each other through the vernacular press. These efforts as pointed out by Sivaramakrishnan served to consolidate the leadership and agenda of a close and mutually interacting group of socially mobile, urban publicists seeking a wider sanction for their Profession in the public sphere.[79]

The 'Modernization' of Ayurveda: Institutional Framework

Some *Vaidyas* such as Kaviraj Gannath Sen, Yadavji Tricumji Acharya and Pandit Jaggannath Shukla realized that criticizing the Medical Degree Act and Registration Bill passed in the councils of many provinces was not enough. They realized the importance of setting up institutions, which would train students in Ayurveda and confer degrees or diploma on the basis of which a parallel system of registration could be inaugurated. The *Nikhil Bhartiya Vaidya Sammelan* and United Provinces *Vaidya Sammelan* took the initiative in this matter by constituting the institutional framework for Ayurvedic education. Renowned Ayurvedic practitioner from Calcutta, Mahamahopadhyaya Kaviraj Shri Gannath Sen Saraswati Vidyasagar, M.A., L. M. S. was the first person who pointed out the need for laboratories, schools, hospitals and libraries for the growth and promotion of the ayurvedic medical system.

IMS Officer Lieutenant Colonel K.R. Kirtikar, sympathetically inclined towards Ayurveda, remarked that as there was no uniform curriculum for Ayurveda, *Vaidyas* could never come to an agreement on the course of treatment. He criticized the fact that they never read the same text or ventured to experiment.[80] It is interesting that the initiative also came from some individuals who had gone through the institutional portals of western medical training but were sympathetic to the cause of reviving Ayurveda.

Yadavji Trikamjee Aacharya pointed out that without an adequate educational infrastructure for the profession, it would not recover its standing. He wanted the curriculum to include a study of physiology through diagrams and 'practical' training for instance, experience with

recognizing the ingredients, which made up the medicines.[81] He proposed to open schools and colleges in every city to create well educated, informed and experienced *vaidyas*. In support of 'modernising' Ayurveda, he emphasized the need of a uniform syllabus, exam and degrees. Through the constitution of a consensus about the need for greater uniformity for education, examining body and institutional infrastructure, Ayurvedic practitioners and their supporters sought to appropriate the criteria of medical professionalism.

The *Ayurved Sammelan* took up this interest to 'modernize' Ayurvedic system of medicine and constituted a standing committee *Ayurved Mahamandal* to define an institutional structure for Ayurvedic education and to formulate norms of practice. This committee founded the *Ayurved Vidyapeeth*, a body to supervise all aspects of standardized Ayurvedic education[82] and to impart Ayurved education and to conduct all-India examinations.[83] The *Vidyapeeth* was revived in 1912, and its functions were re-structured. It was responsible for deciding the curriculum of all *Ayurvedic Pathshalas*, publish textbooks, and award degrees such as *Ayurved Visharadh* and *Ayurved Acharya*.[84] These associations also had a leading role in pressing forward for a uniformity or standardization of indigenous medical education. NBVS deputed a committee of twelve *vaidyas* from all over India in 1917 to make the course structure of *Ayurved Vidyapeeth* more practical and professional and to compel every Ayurvedic teaching institution in India to adopt it.[85] This committee was also responsible for collecting donations for the construction of *Ashtang Ayurved Vidyalaya* at Allahabad.

Madan Mohan Malaviya, though an orthodox Brahmin, was very receptive to the idea of 'modern' institutional setup. In his presidential speech at the 16th session of NBVS in 1926, he laid out the ideal for an Ayurvedic college:

> 1. Research department, 2. A big *ausadhalaya* or *bhandar* [store house for medicine], 3. An ayurvedic paper (all-India exam), 4. One fresh vegetable drugs house or store. 4. one *sanshodhan* [editorial] section for publication of correct books. 5. Nursing house for consumptives outside the town where goats may be kept and their milk used plentifully.[86]

Putting all his effort, Madan Mohan Malaviya took the lead in the establishment of 'modern' Ayurvedic College at the BHU in 1927. Yadavji

Trikamjee Aacharya, a member of the *Ayurved Sammelan* stressed the importance of practical training and the establishment of laboratories for the scientific and systematic study of Ayurveda.[87]

As mentioned above, one finds that *Vaidya* members of *Ayurveda Mahamandal* held that uniform educational standards and 'professional' standards for the graduates were necessary for the growth of Ayurvedic education. However, within *Mahamandal* a tension was generated and two groups were formed over the issue of the formulation of the content of the curriculum. The conflict between the two groups, as Brass points out, was between those who favour modernization in the curriculum and those who favour reliance on ancient texts.[88] However, the basic difference is that one group wanted complete integration with western medicine and another group wanted permanent separation from western medicine. When Malaviya suggested for the assimilation of western medicine into Ayurveda, Vaidya Satyanarayan Shastri Principal of Ayurvedic College at BHU, in opposition replied that if this happened then Ayurveda would lose its glory and efficacy.[89] Vaidya Triyambak Shastri and Pandit Arjunmisrajee Martand also opposed Malaviya. The course designed by Madan Mohan Malaviya for the Ayurvedic College at BHU was meant to train students in the fundamental principles of Ayurveda simultaneously providing them with knowledge of western medicine,[90] whereas, the course designed by Pandit Arjunmisrajee Martand for *Arjunshri Ayurved Vidya Prabodhini Pathshala* at Banaras was based on classical texts.[91] Arjunjee Misra emphasizing on the *suddha* Ayurveda, viewed that integrated system of education "is absolutely unsuited to ayurveda and harmful as well'.[92] However, Malaviya viewed that it will enable a "scientific" approach to the study of Ayurveda. In addition, there was also a considerable difference of opinion among the supporters of the integrated system as to how much Ayurveda and how much western medicine should be taught.[93] Brass points out that these "conflicts between the two groups and difference of opinion have been the major obstacle to the establishment of educational uniformity and professional standards'.[94]

Although Ayurvedic training was technically closed to women practitioners, it is interesting that a few *vaidyas* at least wanted to open this field for women as well. They realized that without nursing and paramedical services, Ayurveda would not recover its eminence. To develop Ayurveda parallel to Allopathy, *vaidyas* gave a call for the creation

of nurses and compounders and specialized practitioners such as ophthalmologist and gyneacologist.[95] In the context of women being a part of this field, there was a difference of opinion. *Ayurvedpanchanan* Jaggannath Shukla wanted the syllabus to include a course structure for nurses and compounders. He also reflected that due to the *purdah* system men were not allowed to attend childbirth or delivery case which is why a course should be prepared to create a group of educated midwives suitable to our culture and climate.

Shukla was supported by Malaviya, Pandit Jagannath Bajpai and Kaviraj Pratap Singh but protagonist of *suddha* Ayurveda such as Arjun Jee Misra, Triyambak Shastri, Shyam Sundaracharya opposed. In the midst of a debate Charu Gupta cites an interesting example of a successful women vaidya. Yashoda Devi of Allahabad, as Charu Gupta points out, was a famous Ayurvedic practitioner at the beginning of the twentieth century.[96] "Yashoda Devi's entry in this male dominated territory fulfilled two much-felt needs being a woman and the practitioner of an indigenous medical system."[97] Charu Gupta writes that "Yashoda Devi and perhaps other women practitioners of ayurveda had entered the domain of male practitioners, covertly contesting male control over the discipline and offering alternatives to hospitals and dispensaries."[98]

Another line of debate within the *Ayurveda Mahamandal* was about the medium of instruction. The group who favoured *suddha* Ayurveda wanted Sanskrit as a medium of instruction whereas the group in support of an integrated system voiced for Hindi. Apart from these two groups, another group favoured a combination of Hindi and Sanskrit. Thus, Arjun Jee Misra opted for Sanskrit medium and Malaviya opted for Hindi and Sanskrit medium of instruction in their respective institutes.[99] Kavita Sivaramakrishnan in her study elaborated the controversy of Hindi-Sanskrit debate and showed how this was used as a tool in the Ayurveda politics.[100] Gopinath Gupta, editor of Hindi journal *Arogya Darpan*, wrote a series of articles against the support of Sanskrit as a medium of instruction. Shivramakrishnan, writes that

> Gupta accused the *Mahamandal's* Sanskrit Pundits of acting out of their personal self-interest and bias, and thereby harming the wider, public interests of ayurvedic knowledge. Their resistance to the Hindi medium and teaching of ayurveda, he argued, also reflected upon their ignorance of the virtues of Hindi and its achievements in the past

> decades. Their deliberate restriction of ayurveda or its identification with Sanskrit alone was to imprison it within the **four walls of a language**, which only served to suppress the **scientific** nature of ayurveda.[101]

In the midst of the above controversies, Malaviya took a liberal stand and the Ayurvedic College of BHU, had also started conducting postmortems, adopted standard weights and measurement for the preparation of medicines and prescribed specified doses.[102] Here it is interesting to see the changing position of Madan Mohan Malaviya. In 1909 through *Abhyudaya,* he criticized western medicine on the ground of a religious standpoint, whereas in the development of Ayurvedic College at BHU he favoured postmortems and dissections.[103] This highlights the change in Malaviya's position in preventing and preserving the social boundaries of the profession.

However, in spite of many contradictions, controversies and difference of opinion, *Ayurveda Mahamandal* succeeded in the formulation of curriculum and content of course. The syllabus of subjects for the examinations of the All India *Ayurvedic Vidyapeeth* had been revised, increased and on the basis of a new syllabus, examinations in three grades were held all over India simultaneously in over twenty centres from year to year under the careful supervision of eminent controllers. Inspite of many internal conflicts, three successful Ayurvedic institutions at Banaras that is 'Ayurvedic College' at BHU, 'Ayurvedic Department' at Sanskrit Sampoornanand College and 'Ajrun Ayurveda College', show that Ayurvedic Movement was a successful mission.

Mediation with Government

On one hand these associations tried to shape institutional infrastructure for Ayurveda and on the other hand tried to negotiate with government for its recognition and legitimacy as a profession. These Ayurvedic associations were considered the representative of indigenous medical practitioners. The resolutions taken by these bodies were honoured not only by the Ayurvedic practitioners and other learned men but also by the legislative councils and provincial governments and various local self-governing bodies under them. The United Provinces Legislative Council took the lead in the development of the Indian medical system. It passed a resolution on 14 December 1922 asking the Government to open a school for Ayurveda and Unani medicine.[104] Two years later, it passed

another resolution asking for an establishment of college for an Indian medical education. In May 1925, a committee was constituted under the chairmanship of Justice Gokaran Nath Misra to enquire the indigenous system of medicine.[105] *Vaidya Sammelan* an important organization was authorized to nominate one of its members as a representative for the committee. Kaviraj Pratap Singh and Pandit Jagannath Sukla were nominated as active members of this committee. The report of this committee supported the *desi* medicinal practices and highlighted the acceptance of efficacy and scientific nature of indigenous system of medicine. With this convincing report, the Government of UP was bound to give recognition and financial support for the development of Ayurvedic institutions. For instance, the Government of UP granted BHU five lakh rupees and one carpet for pupils to sit on and to run its Ayurvedic College and also promised for an annual grant of rupees 50000 annually.[106]

Based on its report, a Board of Indian medicine was constituted under the ministership of Rajashwar Bali Rai, for the United Provinces to advise the government in all matters connected with the organization and development of the Ayurvedic and Unani systems, to register *vaidyas* and *hakims*, to distribute government grants and to regulate the education of the Indian systems of medicine in 1926.[107] Chikitsak Churamani Pandit Rameswar Misrajee, as a representative of *Vaidya Sammelan* from Banaras was nominated a member of this board which had structured a syllabus for ayurvedic education and also constituted an examining body and started giving annual grants to various schools and *ausadhalayas*.[108] It also formulated rules for the registration of indigenous practitioners.

The UP Board of Indian Medicine laid down that those who had earned a degree in Indian medicine granted by any recognized university or examining body in India or hold an official title of professional eminence such as *Vaidya Ratna* and *Shifa-ul-Mulk*, could engage in medical practice.[109] Registration by the U P Medical Board gave the practitioners a distinct status and conferred on them certain advantages, such as authority to issue certificates of age, leave and fitness for service to employees of local bodies, and permission to stock poisonous drugs.

However, with the proposal of NBVS and UPVS there were 148 Ayurvedic dispensaries and seven Ayurvedic teaching institutions in the UP (aided by the Government) in 1933–34.[110] In 1939 the Congress Government of the United Provinces passed the United Provinces Indian Medicine Act in order to regulate the education system and practice of Indian medicine.[111] By the end of 1940s, there were ten Ayurveda schools established in the United Provinces. Ayuevedic College at BHU and

Rishikul Ayurvedic College at Haridwar was recognized and funded by Government of the United Provinces. Some schools were run and funded by a rich business community and landed gentry of the United Provinces.[112] Apart from schools and colleges, two organizations *Hindi Sahitya Sammelan* at Allahabad and *Bharatdharma Mahamandal* only used to conduct examination based on syllabus structured by *Ayurved Vidyapeeth*.[113] In March 1947, under Chief Inspector of Indigenous Dispensaries, a separate department of Indigenous Medicine was constituted. After the constitution of UPBIM the United Provinces government started allocating money for the development of the Indian medical system and the amount rose from 3.59 lakhs in 1924 to 51.22 lakhs in 1944.[114] However, compared to the total percentage of expenditure on medicine and public health, it was minimal ranging between two to five per cent.

While the data in Table 3.1 shows the economic privilege enjoyed by the western medicine over indigenous medicine, also suggests the permeability of indigenous medicine through the boundary demarcated exclusively around western medicine.

Table 3.1: Expenditure Made by the United Provinces on Indian Medical System during 1924–1949

Year	Total expenditure on medicine and public health in lakhs	Expenditure on Indian medical system in lakhs	Percent of amount spend on Indian medical system
1924–29	259.55	3.59	1.38
1929–34	295.41	8.34	2.82
1934–39	286.32	8.09	2.82
1939–44	357.76	20.14	5.21
1944–49	955.51	51.22	5.36

Source: Sanyut Prantiya Sarkar Kee Ayurvedic Va Unani Chikitsa Pranali Punahsangathan-Samiti Kee Report, Vol. 1, Report *aur Shifarishen*, Allahabad Health Department, Government of United Provinces, 1948.

Borders and Boundaries in Medical Profession

The Sarkari Aura

With the establishment of government hospitals and dispensaries, municipal and sanitary departments in the mid-nineteenth century, new jobs were created. In addition to those employed as surgeons,

assistant surgeons, there were others employed in more subordinate positions as compounders, dressers, peons, sweepers and so on. A new kind of quest for influence and social respectability emerged at these sites.

The *Dom* or other untouchables when employed in hospitals, municipality or sanitary services as sweepers or scavengers got job security on the one hand and financial independence on the other hand.[115] However, in *Untouchable Freedom,* Vijay Prasad argues that this connection between job security and social mobility is somewhat problematic. The hiring of untouchables only for menial jobs in sanitary and the municipality by the British left them with few other options for their livelihood and these arrangements marked the sweepers even more with the taint of impurity and untouchability.[116] *Sarkari* menial jobs drew a new line of demarcation between untouchables and the upper caste. On one hand it improved the economic conditions of the lower castes but on the other hand it deepened the social stigma associated with these jobs.

Association with an official position gave a social standing from which a diverse group of people sought to develop a private medical practice. Compounders, dressers, ward boys from hospitals and dispensaries began to dabble in the provision of medical services by setting up as private practitioners, with chalk mixture, quinine mixture and anti-dysenteric pills. Sometimes they had also opened up their own medicine shops. They put catchy and trendy phrases on their signboards or advertisements in the form of wall writings or pamphlets and also charged lower fees to attract their clientele. For example, Compounder Ramchand of Sikraul Dispensary in Banaras set up a medicine shop named 'Durga Medical hall'.[117] In order to gain access over wider clientele, he acknowledged his association and affiliation with *sarkari* employment i.e. 'compounder of Sikraul Dispensary'. For treatment he used to refer to a book of hospital formulae or any kind of literature comprising medicine.[118] Thus, *sarkari* employment created a kind of aura around these employees who experimented with it in the provision of medical services in their quest for private clientele.

However, official employment could also act as a constraint on building up a private clientele. A vocal and influential section of government employees complained persistently in the press about the difficulties put in the way of private practice. Drawing attention to the pathetic condition of those appointed as health officers in the Prince of Wales Hospital in Banaras, the editor of *Awaza-I-Khalq* stated that they were not allowed to charge any fees from the in-patients.[119] A letter to

a daily newspaper, *Advocate,* published from Lucknow, described the conditions of work of Assistant Surgeons in 'Grievances of Assistant Surgeons' as:

> … five hours regular attendance is sufficient work for a scientific man to do … in actual practice the Assistant Surgeon at head quarters has to attend hospital for not less than seven hours … . The Assistant Surgeon is not free to utilize the so called 'non-dispensary hours' according to his own will, as it is part of his official duties to attend, at their houses, all government servants getting less than Rupees 250 during these hours, and also, during the occurrence of an epidemic, to visit the houses of persons in the vicinity who are suffering from the disease … .[120]

Complaints about long working hours and low pay often hinted at the possibilities of better-paid private practice. A civil hospital compounder in Banaras burdened with clerical work complained 'if government is not prepared to grant them (compounder) any increment, it should at least relieve them from the clerical work, which they are required to do, in spite of the fact that it is not a part of their duty'.[121]

Another important feature of *sarkari* employment was that an environment of competition among professionals was created. For instance, an assistant surgeon tried to enhance a distinct status among his peer groups by performing more successful operations, developing specialized skills and in turn earning official recognition and titles. Ganga Singh, Assistant Surgeon at the Prince of Wales Hospital proved his skill by performing 460 successful operations out of 1104 operations in 1892.[122] Successful operations performed by Assistant Surgeons shaped a confidence and trust in the doctors' expertise among patients.

'Triennial Report on the Dispensaries and Charitable Institutions' gave a list of Assistant Surgeons who performed more than 200 major surgical operations.[123] The progress in performance of successful surgical operations by Assistant Surgeons continued during the twentieth century in the United Provinces. During the twentieth century some assistant surgeons developed specific specialized skills. Assistant Surgeon Sripat Sahai had performed 544 operations during 1907 at Banaras, of which 248 were of cataract.[124] For excellent performance he was conferred with the Rai Bhadur title. The title of *Rai Sahib* was conferred as a personal distinction on Assistant Surgeon Guru Prassana Kumar Banarji and was in addition awarded a medal for the services he rendered in the sanitary department at Banaras and Agra.[125] Increase in number of successful

operations by a native doctor in hospitals proves the skills of a native doctor and also develops faith among people about the superiority of an Allopathy and Allopathic practitioner over Ayurveda or Unani.

Sarkari training

The 'Victoria Dai Fund' set in 1903 was an effort to train the *dais* in order to bring them into this officially sponsored network of medical services. *Dais* were given a certificate after the training to mark a new level of expertise and competence in handling child birth. This *Sarkari* training like employment, created a distinction between trained and untrained *dais*. Trained dais used their *sarkari* training as a tool against ordinary dais to expand their clientile. Those who had undergone training at Midwives Training Centre would bring to peoples' notice far and wide that they were '*sircari dais*,' who had acquired greater skill than ordinary *dais*. Hence, they were often called in to handle difficult cases and to houses where the ladies were anxious for better treatment. Dr Ferguson Davie an instructor at the women's hospital in Rawalpindi complained that in one case even those in training described herself as *sircari dai* to mislead the public and instead of providing any help in difficult cases created further complications leading to death of the mother and child.[126] *Dais* with midwifery training claimed competence on the basis of the 'Victoria *Dai* Scholarship Certificate' and their link with the government. Ranged against them were *dais* who claimed a customary right to preside over all the confinements in their particular neighbourhood, village or locality. They deeply resented the introduction of trained midwives as an encroachment on their clientele. So midwifery training became a line of demarcation which could push traditional *dais* to the periphery. Charu Gupta in her work shows how the use of *sarkari dai* was popularized by the nationalist Hindu elites and reformers, who endorsed and incorporated the ideas of western science and medicine on the low caste, indigenous *dai*.[127] She elaborates how the Hindu 'enlightened' middle class reformers tried to show up the *dai* as an evil and a dangerous witch within an otherwise progressive India. They emphasized the need for respectable women, especially widows of 'good' families to enter the profession of midwifery. The *dai* had to be well educated and possess a license.[128]

Race Conflict versus Competition for a Clientele

The above analysis shows how state sanctioned status to the people associated to it but there were also barriers to social respectability and

professional standing within the 'recognized' medical profession. The social respectability of the medical profession was being fought between British authorities and Indian doctors. European Medical Officers were also concerned about winning a higher status for their profession in India. They too wanted recognition for their sphere of expertise at certain institutional sites such as jails or army hospitals. They claimed that a district officer could override their sanitation and other arrangements when epidemics broke out. The Indian middle class aspiring for a new profession (medicine), was protesting against racial discrimination to seek equality in admission, appointments, pay and pension, and was also trying to draw the authority from degrees, jobs and associating themselves with various organization in order to earn social respectability. A correspondent of the newspaper *Rahbar* highlighted an instance of ill-treatment of natives by a civil surgeon. He viewed that there were many instances of ill-treatment of natives and Indian doctors in a day-to-day life during the nineteenth century and this continued in twentieth century as well.[129]

British and Anglo-Indian officers tried to draw their authorities over Indian doctors from their British or European origin. In the case of appointment of British doctors, they argued that a medical degree from England was superior to one which could be acquired in India. This discrimination was observed even if an Indian doctor was trained in England.

One finds concentric boundaries i.e. there was discrimination between Eurasians and Indians even if both had trained in India. This was set out in tabular form by the *Leader* (Allahabad), of 20th August 1911 (see Table 3.2).[130]

Indians had to defend their professional standing in the face of daily demands for race deference. They had to fight for the right to be treated as colleagues rather than as social inferiors. A vocal and influential section of the middle-class literati trying to fashion a new collective identity intervened through the press to bring the discrimination against Indian doctors into public view. Another line of discrimination was the non-admission of Indian doctors in European clubs.[131] An Assistant Surgeon of Orai, was not given admission to the local club on the ground that he was not a Gazetted Officer. Humiliated by this refusal, he called upon the Inspector General of Civil Hospitals to look into the matter and

asked if the Orai club could be sued for damages in insulting an officer of the Government of India. He quoted the *Indian Medical Gazette* to argue that the status of the Assistant Surgeon was the same as that of the Deputy Collector.[132] Another line was demarcated within the 'profession' with the institution of medical licensing laws such as the United Provinces Medical Act III of 1917. Many of those who had claimed skills in western medicine, from a position under the umbrella of hospitals and dispensaries would find that they might now be classified as quacks.

Table 3.2: Discrimination between Eurasian and Indian Allopathic Doctors Trained in India

A Eurasian	An Indian
• before beginning medical study in a medical college has to pass an examination half as easy as the matriculation	• before admission into a medical college, has to pass F.Sc. with biology and an extra course in chemistry
• studies for four years	• studies for five years
• knows no botany or zoology	• knows botany and zoology
• has to pass no university examination	• has to pass three university examinations
• has to pay no tuition fee	• has to pay a tuition fee
• has to pay no examination fee	• has to pay the university for three examinations
• maintained by the state, even books and uniform gratis	• self-maintained
• has no university qualification	• is a graduate
• cannot practise in England being unqualified	• can do so being qualified
• is usually a civil surgeon and has never to serve under a civil assistant surgeon	• a subordinate to a military assistant surgeon
• draws a higher pay	• draws a lower pay
• no examination for promotion	• two examinations for promotion
• charges a fee of Rs 16	• fee only Rs 4
• though ignorant of botany, an essential part of vegetable pharmacy and pharmacology, can be appointed in a medical college to teach materia medica	• though knows botany, cannot be appointed to teach materia medica in a medical college

Source: "The Leader", 20 June 1911, *SVN.*

Concluding Remarks

The discussion shows that by the end of the nineteenth century, borders and boundaries were demarcated between practitioners of western medicine and practitioners of indigenous medicine, as well as within the profession of western medicine drawing the line in terms of education, admission, appointments, promotion and salary. These professional boundaries were also a ground of conflict for Allopathic as well as practitioners of indigenous medicine. Indians trained in western medicine were given a higher professional status than practitioners of indigenous medicines but faced professional discrimination against Europeans or Eurasians. The Indian doctor had to struggle against the exclusion from a higher post, equal salary and equal eligibility criteria for admission in a medical school and at the same time had to claim for equal status with European colleagues. Simultaneously they competed with their peer groups to gain a distinct professional status by developing specialized expertise to earn official recognition and titles. These boundaries were also extended to their clientele and these practitioners benefited from their *sarkari* aura of official employment. The boundary within the government service was extended to other service providers. For example *dais*, compounders could also be used in unexpected ways and were also challenged. At another level *sarkari* menial job improved the economic condition of the lower castes but on the other level it deepened the social stigma associated with these jobs.

Ayurvedic practitioners struggled to find space for their cause through the platform of *Kashi Nagari Pracharini Sabha*, *Swadeshi* movement and other *Vaidya* organizations at provincial, local and at all India level. Major stimulus came from the challenges of the Medical Registration Bill. This led to defending tradition of medical professionalization where indigenous practitioners were demanding 'professional' opportunity and status equal to Allopathic practitioners. These associations adopted various strategies to refurbish their identity and credentials. To consolidate their position, they tried to draw support from various political bodies and forming political alliances with many permutations and combinations marked by multiple meanings and alignments indicating a projected unity, as well as divisiveness. At one front *vaidyas* and *hakims* came together to refute the charge of quacks and quackery but simultaneously they were divided over the issue of language, that is,

Hindi and Urdu. These associations showed strong resistance while defending quacks and quackery but simultaneously they tried to negotiate with the Government to recuperate their professional standing. However, the borders were malleable and they pressurized the government to accommodate the indigenous practitioners within the clause. They took up three agendas while negotiating with the government. One, they wanted the government to take a more sympathetic approach towards *vaidyas* and *hakims* and also wanted official intervention to systematize a course of education and training in Ayurveda and Unani system of medicine. Two, they asked the government for the opening of classes for *vaidyas* and *hakims* in the medical colleges at Agra and Lucknow. Three, they pointed to the value of their client network which unlike an Allopathic practitioner also reached the rural areas and they could also be used to disseminate information about new treatment for a disease and for the distribution of quinine.

These associations at the same time tried to build up a public opinion in their favour. They analyzed that people support western medicine because it has government patronage, institutional infrastructure, uniform curriculum and above all award degrees to those who successfully qualify the exams. So, to build public opinion for indigenous practitioners they adopted various strategies such as the award of honours and titles, and unified syllabus to assign equal status to the indigenous medicine practitioners and tried to develop an institutional set-up for an indigenous medical system. These public bodies mobilized the *vaidya* community to join the common platform and assimilated codes and symbols from the tradition and restructured them with modern means of communication to reach out to the masses. For instance, Ayurveda *Pracharak* moulded and presented *Dhanvantari* in various forms arousing the national or religious sentiments in order to establish their supremacy over other medical systems of knowledge. They appealed to the public that indigenous system of medicine was a national heritage, indigenous medicine was cheaper, had a wider reach, pure, less likely to be contaminated by polluting substances, was prepared according to individual needs and also they had a wider network to distribute medicines. They also gave associational politics on separate footage to secure patronage of powerful people, such as Banaras Raja and Madan Mohan Malaviya to organize exhibitions and to lobby for political

leverage. In their struggle for equal status, Ayurvedic system of education was given 'modern' institutional infrastructure for a 'professional' standing to create a separate and parallel medical boundary equivalent to that of the Allopathic system. However, this shows the internalization of the 'modern' notion of institution replacing the ancient. It is interesting to see that in the entire struggle for professional standing, many strands were entwined to each other with many crosses and every one struggled to disentangle their strands for maximum access over a clientele.

Notes

1. Kaviraj Shree Atridev Gupt, *Bhartiya Shalya Shastra*, Kanpur, Prakash Ayurvediya Aushadhalaya And Pustakalaya, 1934, p. 1.
2. Shri Gopal Prasad Khatri established *Nagari Pracharini Sabha* on 16 July 1893. *Hirak Jayanti Granth, Kashi Nagari Pracharini Sabha,* Kashi, 1955, pp. 4–6 (henceforth *Hirak Jayanti Granth*).
3. Christopher R. King, "Forging a New Linguistic Identity: The Hindi Movement in Banaras, 1868–1914", in Sandria B. Frietag (ed.), *Culture and Power in Banaras: Community, Performance and Environment, 1800–1980*, Delhi, Oxford University Press, 1989, pp. 179–202; Francesca Orsini, *The Hindi Public Sphere, 1920–1940: Language and Literature in the age of Nationalism*, New Delhi, Oxford University Press, 2002; Vir Bharat Talwar, *Rassakashi: Unnisvin Sadi Ka Navajagran Aur Pashimottar Prant*, New Delhi, Saransh Prakashan, 2002.
4. Another group defined every indigenous things as *swadeshi*, be it Unani or Ayurveda. Whereas for liberal nationalist every thing produced or manufactured in India by Indians was defined as *swadeshi*, even Allopathic medicines.
5. *Hirak Jayanti Granth*.
6. Ibid., Certain local bodies more directly concerned with indigenous medicine, such as Poona Vaidya Mandal, were also set up in the late nineteenth century, but had a short life span. Practitioners would come together over a local issue and the organization would founder once the specific grievance had been addressed. *Abhyudaya* notifies about the Conferences and Sammelans in its various issues. In fact I did not come across any local bodies or *Vaidya Mandal* in Banaras.
7. First annual conference of the 'All India Vaidic and Unani Tibbi Conference' was held in November 1910 in Delhi. Man Singh Vaidya, secretary of this conference prepared the report. The All India Vaidic and Unani Tibbi Conference Ke Pehle Salana Jalsa, 1910, Ki Report, Lahore, n.d. loc. cit in Neshat Quaiser, "Unani's Debate with Doctory", in Mark Harrison and Biswamoy Pati (eds.), *Health Medicine and Empire*, New Delhi, Orient Longman, 2001, p. 337.
8. Rasayanacharya Kaviraj Pratap Singh, *Nikhil Bharatvarshiya Ayurved Mahamandal Ka Rajat Jayanti Granth,* Vol. 1, Benares, Mahashakti Press, December 1935, p. 484 (hereafter *Ayurved Mahamandal*). I have drawn substantially in this section from two volumes published on history and life sketches of all India vaidya sammelan.

9. There were certain objectionable definitions such as qualified/unqualified medical practitioner; legitimate/illegitimate practice and infamous conduct that provoked public debates among indigenous medical practitioners. The debate on medical registration bill has been discussed in the first section of this chapter. *Provincial Vaidya Mandals* independent of NBAM was formed by vaidyas of United Provinces, Bengal, Madras, Karnataka and Bombay.
10. Home, Medical-B, No. 10–14, June 1917, (All manuscripts in references are from National Archives of India unless otherwise stated).
11. Roger Jeffery, "Recognizing India's Doctors: The Institutionalization of Medical Dependency, 1918–39", *Modern Asian Studies*, 13, 2, 1979, p. 304.
12. Emphasis added. The word quack derives from *quacksalver*, an archaic word originally of Dutch origin meaning "boaster who applies a salve". As given in Quackery–Wikipedia, the free encyclopedia, http://en.wikipedia.org/wiki/Quack, 7/30/2005.
13. See Paul R. Brass, "The Politics of Ayurvedic Education: A Case Study of Revivalism and Modernization in India", in Susanne H. Rudolph and Lloyd I. Rudolph (eds.), *Education and Politics in India: Studies in Organization, Society and Policy*, Delhi, Oxford University Press, 1972, pp. 342–74; P. Bala, *Imperialism and Medicine in Bengal: A Socio–Historical Perspective*, New Delhi, Sage Publications, 1991; Barbara D. Metcalf, "Nationalist Muslims in British India: The case study of Ajmal Khan", *Modern Asian Studies*, 19, 1, 1985, pp. 1–28; Anil Kumar, *Medicine and the Raj: British Medical Policy in India, 1835–1911*, New Delhi, Sage Publications, 1998.
14. Ibid.
15. See Rahbar (Moradabad), 7 October 1907, in *Selections from the Vernacular Newspapers of the North Western Provinces* (hereafter *SVN*), p. 1164.
16. Leader (Allahabad), 14 March 1911, p. 227.
17. The Oudh Akhbar (Lucknow), 13 May 1909, *SVN*, p. 365.
18. Emphasis added, *Ayurved Mahamandal*-1, Banaras, Mahashakti Press, p. 46.
19. A Person who gives anything ranging from dried ginger to chilly for any kind of illness.
20. The Sulaimani Akhbar, 13 August 1907, *SVN*, p. 980; The Oudh Punch referred to an incident in which "an unqualified medical practitioner sustained injuries owing to the bursting of a bottle containing explosive chemicals." Oudh Punch, Lucknow, 27 April 1911, *SVN*, p. 357; All India Shiah Gazette (Lucknow), 21 August 1910, *SVN* p. 777.
21. Samrat (Kalakankar), 29 July 1910, *SVN*, pp. 711–12.
22. The content of the Bombay medical registration act was based upon the General Medical Act of 1886 in Britain. Home, Medical–A, No. 2–6, August 1911.
23. Doctor, Bachelor and Licentiates of Medicine, and Master, Bachelor and Licentiate of Surgery of the Universities of Bombay, Calcutta, Madras and Lahore and any Person trained in a Government Medical School who holds a Diploma or Certificate granted by Government declaring him to be qualified to practice Medicine, Surgery and Midwifery, or to be qualified for the duties of a Military Assistant Surgeon, Hospital Assistant or Sub Assistant Surgeon. Home, Medical–A, No. 2–6, August 1911.
24. 'Nationalist Muslims in British India'.
25. Ibid.

26. 'Unani's debate with Doctory'.
27. See 'The Politics of Ayurvedic Education'; Brahmanand Gupta, "Indigenous Medicine in Nineteenth and Twentieth–Century Bengal", in Charles Leslie (ed.) *Asian Medical System: A Comparative Study*, California, California University Press, 1977; K. N. Panikkar, *Culture, Ideology, Hegemony: Intellectuals and Social Consciousness in Colonial India*, New Delhi, Tulika, 1995.
28. Abhyudaya (Allahabad), 1 October 1909, in *SVN*, p. 719.
29. Ibid.
30. Ibid.
31. Prayag Samachar (Allahabad), 10th April 1910, *SVN*, p. 364; Pandit Jagannath Shukla asked the government to revive this school of medicine instead of bringing its down fall by such laws. *Sudhanidhi* (Allahabad), September 1911 *SVN*, p. 902; Hakim Ferozeuddin declared that the doctors had resorted to the use of the Medical Registration Act because they felt 'defeated' since they had failed to cut out *hakims* and *vaidyas*. 'Unani's debate with Doctory', p. 343.
32. *Sudhanidhi*, 9, 1913, pp. 355–56.
33. Abhudaya (Allahabad), 24 July1910, *SVN*, p. 689.
34. *Hindustani* (Lucknow), 20 November 1907, *SVN*, p. 1295; Arya Mitra (Agra), I April 1906, *SVN* p. 192; *Hindustani* (Lucknow) of the 20 November1907 publishes a letter from a correspondent who recommends the opening of classes for instruction in the ayurvedic and unani system of medicine in the Lucknow Medical College, *SVN*, p. 1295; Similarly Ashgar Husain reiterated his call for a combined medical school and for government support. Seema Alavi, "Unani medicine in the nineteenth-century public sphere: Urdu texts and the *Oudh Akhbar*", *The Indian Economic and Social History Review*, 42, 1, 2005 (henceforth *IESHR*), p. 122.
35. Acharya Kaviraja Dharamdasjee, Acharya Yadavjee, Pandit Rajeshwar Data Shastrijee, Kaviraj Pratap Singh, Pandit Bhairo Prasad Sukla, Pandit Mahadev Prasad Chaturvedi and Atri Dev Gupta were some of the eminent *vaidyas* from Banaras. *Sudhanidhi*, 9, 1913, p. 356.
36. *Hindustani* (Lucknow), 11 November 1910, *SVN*, p. 970; Editor of Masriq too advised the government to recognize the medical certificates signed by hakims and vaidyas as satisfactory and reliable because most people cannot afford to pay doctors fees or to go to hospitals when they are seriously ill. Mashriq (Gorakhpur), 15 June 1909, *SVN*, p. 446.
37. Rohilkhand Gazette (Bareilly), 24 October 1909, this newspaper advocates for 'a Unani *hakim* for the Bareilly Municipality as in most other municipalities in Rohilkhand'. *SVN*, p. 789.
38. The Indian People (Allahabad), 26 August 1909, *SVN*, p. 621.
39. *Sudhanidhi*, 9, 1912, p. 355.
40. Home, Legislative, May 1916, No. 119–121A, p. 15.
41. Home, Medical (Deposit), No. 13, June 1916.
42. Ibid., p. 8.
43. Ibid., italics added.
44. Members of this committee were Mr S.P. O'Donnell, Colonel Mactaggart, Mr Ashworth, Lala Sukhbir Singh, Mr Abdurrauf, Babu Narsingh Prasad and Rai Bahadur Gokul Prasad. Home, Medical–B, October 1917, No. 33–34.
45. Ibid.

46. *Imperialism and Medicine in Bengal*; 'Nationalist Muslims in British India'; 'Indigenous Medicine in Nineteenth and Twentieth–Century Bengal'.
47. Patronage in the public sphere is discussed in the previous chapter of this book.
48. "...Welcome procession was taken with great pomp celebration; it clearly reflects the monetary help provided by the State... ." *Ayurved Mahamandal*– I, Benares, Mahashakti Press, p. 488.
49. Kavita Sivaramakrishnan, 'Addressing the Health of the "Public"– State Authority, Missionaries and Vaidyas in Punjab's Towns and Cities (Circa 1880s–1930s), PhD Thesis submitted to the Centre for Historical Studies, School of Social Sciences, Jawaharlal Nehru University, New Delhi, 2003, Unpublished. p. 168.
50. 'Unani's debate with Doctory.
51. Pandit Jagganathprasad Shukla Vaidya "Nikhil Bharatvarshiya Ayurved Mahamandal Ka Itihas" in *Ayurved Mahamandal*–I, Benares Mahashakti Press, pp. 486–7.
52. For example, at the conference of the 'District Vaidya Tibia Committee' of Amritsar, *Mushairas* and the *josh* they generated, along with the presence of well-known poets and the recitation of their *nazm* and *qasidas* were reported as having formed a unifying, *tehriq* amongst the audience. *Abhyudaya*, 11 May 1929, p. 5.
53. 'Addressing the Health of the "Public".'
54. Ibid.
55. 'Unani's debate with Doctory.
56. Such as speeches on the careers and achievements of Gannath Sen, Ram Prasad Sharma, etc. Obituaries, *Sudhanidhi*, 20, 2, p. 120, as well as at all the inaugural sessions of Vaidya Committees and Conferences.
57. *Sudhanidhi*, No. 4, 1911–12, p. 19.
58. Description for instance of the Ayurved a Sammelan procession. *Sudhanidhi*, 1, 1912–13, Editorial. Some reports such as that of the AIVUTC *jalsa* of 1931 noted the lack of attendance and press coverage. *Ayurved Martand*, June 1931, p. 2 loc. cit. in 'Addressing the Health of the "Public"', p. 165 Asserting Sivaramakrishnans above analyses, *juloos* – a "Welcome Procession" was started from 11th session onwards which held in Indore from 31st March to 3rd April in order to attract public gaze. Pandit Jagannathprasad Shukla in his appreciation for the 24th *vaidya sammelan* exclaimed, "*... sabhapati ka juloos bade thaath ka nikla. Aisa juloos shayad hee kisi vaidya sammelan ke sabhapati ka nikla ho...*" (tna trans.) *Ayurved Mahamandal* – I, 1935, p. 491.
59. 'Unani's debate with Doctory.
60. *Ayurved Mahamandal*– II, Benares, Mahashakthi Press, p. 336.
61. Jyotir Mitra "Dhanvantari Jayanti Celebration and Induction Ceremony", in Jyotir Mitra (ed.) *First National Symposium on Charak Samhita-Souvenir*, Varanasi, Banaras Hindu University Press, 1995, p. 85.
62. Picture is taken from the cover page. Ibid., cover page.
63. Ibid., p. 9; Jyotir Mitra based his study on Kausitaki Upnishad, Harivamsha Purana, Nirukata of Yaska (800 B.C) and Paninis Astadhyayi.
64. Kavita Sivaramakrishnan, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850–1945)*, New Delhi, Orient Longman, 2006, pp. 117–18; also see 'Addressing the Health of the "Public"', pp. 169–70.

65. Emphasis added, *Ayurved Mahamandal*– II, Banaras Mahashakti Press, p. 564.
66. *Ayurved Mahamandal*– I, Benares Mahashakti Press, pp. 307–08.
67. *Ayurved Mahamandal*– I, Benares, 1935, Mahashakti Press, p. 434.
68. For example, Reports in the subsequent chapter on celebrations of *Dhanvantri Divas*, Ibid.
69. Ibid., Vol. II, pp. 635–36.
70. *Sudhanidhi*, 7, pp. 139–40.
71. Ibid.
72. Khyaliram Dubey (ed), cover page, *Arogya Vigyan*, 2, 5, (Year 1), March 1933.
73. Rajvaidya Kishoridutt Shastri (ed.) "Cover Page", *Chikitsak*, 3, 1, (Year 4), Kanpur, N.d.
74. Professor Kaviraj Pandit Dharmanandjee Shastri, 'Ayurvedacharya', *Upayogi Chikitsa*, Allahabad, 1927.
75. Pandit Ganesh Dutt Tripathi was born in 1864 at Bhadaini in Banaras. His father Gopaldutt Tripathi was also an eminent vaidya. His brothers Pt. Kantanath Tripathi and Pt. Gaurishankar Tripathi were also practising Ayurvedic medicine. *Ayurved Mahamandal*– II, 1936, Benares, Mahashashakti Press, pp. 319–22.
76. Pandit Arjunmisrajee Ayurved Martand was a son of Pt. Bhanudutt and learned Ayurveda from Pt. Dilram, Rajvaidya of Sangrur Prant in Punjab. Ibid., pp. 499–501.
77. In order to run Ayurveda School properly he constituted a committee (*Shasan Karini Sabha*) of *rais*, intellectuals and *vaidyas* of Banaras. He himself worked as an honorary Principal of this school throughout his life. After his death one of his student Lalchanda vaidya became the Principal of the school. The school was located at Sidheswari in Kashi. Ibid., pp. 499–501.
78. Kaviraj Dwarka Sen and Kaviraj Gannath Sen Sharma Saraswati were honoured with the title *Mahamahopadhyaya*. Kaviraj Yogendranath Sen, son of Dwarkanath Sen and Pt. Triyambakjee Shastri were honoured with the title *Vaidyaratna*. *Ayurved Mahamandal*–I, Benares, Mahashakti Press, pp. 513–14.
79. 'Addressing the Health of the "Public"'.
80. Ibid. p. 97.
81. Ibid., p. 271.
82. *Ayurved Vidyapeeth* was founded in 1911 at the third session of NBVS at Allahabad under the Presidentship of Kaviraj Gannathsen Saraswati, M.A. L.M.S.
83. *Ayurved Mahamandal*–I, Benares, Mahashakti Press, pp. 322–23.
84. *Sudhanidhi*, 1911–12, 4, pp. 8–9.
85. Dr Prasadilal Jha and Pandit Raghuvardayaljii Bhatt from Kanpur and Pandit Jagannath Shukla from Prayag was the active member of this committee from the United Provinces.
86. *Ayurved Mahamandal*–I, Benares, Mahashakti Press, p. 296.
87. Ibid., p. 285–86.
88. "The Politics of Ayurvedic Education".
89. Satyanaraya Shastri was also a founder member of the 'Ayurved Department' at Sanskrit Sampoornanad College Varanasi and was also appointed as President's Physician after Independence. Interviewed Dr Indira Charan Pandey, grandson of Vaidya Satyanarayan Shastri.

90. *History of Banaras Hindu University*.
91. *Ayurved Mahamandal*–II, Benares, Mahashakti Press, pp. 499–501.
92. Ibid.
93. *History of Banaras Hindu University*.
94. "The Politics of Ayurvedic Education".
95. *Ayurved Mahamandal*–I, Benares, Mahashakti Press, p. 284–85.
96. Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India*, New Delhi, Permanent Black, 2001, pp. 187–88.
97. Ibid.
98. Ibid.
99. 'History of Banaras Hindu University'; *Ayurved Mahamandal*–II, Benares, Mahashakti Press, pp. 499–501.
100. "Addressing the Health of the 'Public'".
101. Emphasis added, Ibid., pp. 140–41.
102. *Ayurved Mahamandal*–I, Benares, Mahashakti Press, p. 296.
103. Abhyudaya (Allahabad), 1 October 1909, in *SVN*, p. 719; see footnote 28 for details. To see changing M.M. Malaviya's view see reference, chapter 2.
104. *Sanyut Prantiya Sarkar Kee Ayurvedic Va Unani Chikitsa Pranali Punahsangathan-Samiti Kee Report*, Vol. 1, Report *aur Shifarishen*, Allahabad Health Department, Government of United Provinces, 1948, p. 12.
105. Govind Ballabh Pant, Kaviraj Pratap Singh from Banaras and Pandit Jaggannath Shukla from Allahabad were also the members of this committee. Ibid.; also see *Ayurved Mahamandal* –I, Benares, Mahashakti Press, p. 315.
106. Similarly with the mediation of Lala Sukhbir Singh, the government of UP had granted rupees one lakh and a carpet to *Haridwar Rishikul Ayurved Vidyalaya* and promised 25000 rupees every year.
107. Ibid.
108. Banaras and the *Rishikul Ayurvedic College* at Haridwar were given an annual grant of rupees 45000 and 9000 respectively by the Government. Ibid.
109. United Province Board of Indian Medicine was also an examining body. It conducts examination for Ayurveda and Unani medicines and confers degrees to the successful candidates. *Ayurvedic Va Unani Chikitsa Pranali Punahsangathan – Samiti Kee Report* p. 16; *Sanyut Prant Mein Vaidyon aur Hakimon Ke Registry Sambandhi Niyamon Ka Nuvad*, *Ayurved Mahamandal,* Vol. II, Benares Mahashakti Press, 1936, p. 103.
110. The principle teaching institutions were the Ayurvedic College of Banaras Hindu University, Banaras and the *Rishikul* Ayurvedic College at Haridwar. Letter No. 129/V–578 Dated February 9, 1935 from the Deputy Secretary, United Provinces Medical Department, to the President, All India Ayurvedic Mahamandal, Banaras Hindu University, Banaras, Loc.Cit., *Ayurved Mahamandal*, Vol. II, part–B, Benares, Mahashakti Press, 1936, p. 1.
111. This act was implemented on 1 October 1946, *Ayurvedic Va Unani Chikitsa Pranali Punahsangathan–Samiti Kee Report*, p. 12.
112. 'Lalithari Sanskrit Ayurved College' (Pilibhit); 'Ayurved School' (Kanpur); *Sarvahitaishiayurved Pathshala* (Mathura); *Vaidak Mahavidyalaya* (Meerut); *Baba Kalikamlivale Ka Ayurved Vidyalaya* (Rishikesh), *Lakshmandas Ayurved Vidyalaya*

(Khurja), *Ayurvedvidyaprabodhini Pathshala* (Kashi) and *Ayurved Mahavidyalaya Gurukul Kangri* (Saharanpur), Ibid., pp. 523–28.

113. These bodies confer certificates to the qualifying students and also honour titles and designations to *vaidyas* in their annual meetings, Ibid., p. 528.

114. Ibid., p. 13.

115. *Doms* were among the lowest of all castes in India, despised even by many untouchables. Traditionally, they not only filled the customary role of sweepers and scavengers but also performed such polluting and defiling tasks of removing carcasses of dead animals and carrying the bodies of human dead to burning grounds, or ghats. They served as menial servants at Hindu cremations, providing the fuel for funeral pyres. Sometimes they were employed as executioners. *Doms* employed in medical colleges, hospitals served the British in the dissecting rooms of hospitals and medical colleges. See David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth – century India*, New Delhi, Oxford University Press, 1993, pp. 4–5; Nandini Gooptu, 'Caste and Labour :Untouchable Social Movements in Urban UP in the Early Twentieth Century', in Peter Robb (ed.), *Dalit Movements and the Meanings of Labour in India*, Delhi, Oxford University Press, 1993.

116. *Untouchable Freedom*, pp. xiv–xv.

117. In the advertisement he claimed that medicines were also given along with medical advice at a very nominal fee and person did not have to pay twice. Poor patients unable to pay the doctor's fee and medicine cost were attracted to these private practitioners affiliated with *Sarkari* institutions. List No. 1, Box No. 48, File No. 32, Regional Archive of Varanasi.

118. Ibid.

119. Awaz-I- Khalq (Benares) 8 December 1906, *SVN*, p. 914; editor urged for the increase in the salary of compounders in the issue of *Awaza-I-khalq* (Benares), 16 January 1910, *SVN*, p. 70.

120. *Advocate* (Lucknow), of the 10 April 1910, *SVN*, p. 364 he further remarks that these cases of emergency demanding his attention during 'non-dispensary hours' are not few and far between, so that the Assistant Surgeon is practically on duty day and night … . Another issue of the Advocate sympathetically wrote that "despite hard duty hours the Compounders got very low pay, only Rs. 8 a month and slow promotion." Advocate (Lucknow) 27 June 1909, *SVN*, p. 480.

121. *Awaza-i-Khalq* (Benares) 8 June 1910, *SVN*, p. 548.

122. Ibid. p. 12.

123.

Name of Assistant Surgeon	Numbers of major operations performed
1. Sheoraj Misra, Ballia	959
2. Man Matha Nath Bosu, Mirzapur	507
3. Ganga Singh, Benares	460
4. Rajendra Nath De, Ghazipur	317
5. Amar Nath Das, Jaunpur	269
6. Haran Charan Das, Ghazipur	245
7. Prassana Kumar Banarji, Mirzapur	212
TRD & C, NWP & O	year ending 1892, 1893, p. 13.

124. TRD & CUP for the Years 1905, 1906 and 1907, Allahabad, UP Government Press, 1908, p. 4 .

125. TRD & CUP, 1908, p. 8; Some of the other leading allopathic practitioners in Banaras were- Dr Amaranth Banerjee, Dr T.N. Sinha and Dr B. N. Mukherjee, List No. 5, Box No. 17, File No. 45, Regional Archive of Varanasi.
126. Letter to Editor, *Journal of the Association of Medical Women in India*, (hereafter JAMWI), 1,5, February 1909, pp. 40–1.
127. *Sexuality, Obscenity, Community*, pp. 177–82.
128. Ibid.
129. The *Rahbar* (Moradabad) of 14th September1906 reported "…the Civil Surgeon of Jhansi was much displeased at the conduct of the son of a Local pleader who happened to be in the local public charitable dispensary, and refused to *salam* him even on being told that the officer whom he had slighted was the Civil Surgeon. The latter finding the boy obstinate held out threats of handing him over to the police, still the boy persisted in his refusal to *salam* and eventually sought redress in a court of law. .." , *SVN*, p. 639.
130. The Leader (Allahabad), 20th August 1911, *SVN*, p. 799.
131. The "European" aspiration of imperial social clubs derived from their predominantly whites-only membership policy. Mrinalini Sinha, "Britishness, Clubbability, and the Colonial Public Sphere: The Genealogy of an Imperial Institution in Colonial India", *Journal of British Studies*, 40, 4, October 2001, p. 489.
132. "The Leader", 20 June 1911, *SVN*, pp. 536–37.

4

Entrepreneurship in Medicine

This chapter focuses on entrepreneurship amongst medical practitioners and drug manufacturers in an environment where the print media was disseminating new information concerning health, hygiene and medicine to an eagerly receptive public. The previous chapter highlighted the growth of professionalization among Ayurvedic practitioners and their encounters with the Allopathic system of medicines and doctors in order to reinstate their status and credentials. In continuation with the professionalization, this chapter seeks to study the changing nature of the 'traditional' market of medicine and the complex structure of medical entrepreneurship in Banaras. It addresses questions such as, how dispensing of the medicine was transformed into an enterprising business, how the indigenous drug manufacturers drew upon official codes and designs of patent trademarks, and logos to prove their entrepreneurial competence. It further assesses the initiatives taken by the Indian drug manufacturers to create a space for their products in the market, focusing in particular on the way in which they resorted to newspaper advertisements. It also shows how advertisements drew upon cultural codes to create a larger market for the medical products, and the role they played as a communicating medium in disseminating the knowledge about health and disease.

This chapter is divided into two halves, where, the first half deals with the complexity and multiplicity of medical entrepreneurship and the second half shows the competitive edge among the Indians and also

between the Indians and the Europeans in order to capture the market. It relates to the following questions – how advertisement was an advanced strategy used by the Europeans' drug entrepreneurs to create consumers for their products and how Indians also adopted the same communication infrastructure and marketing strategies to fight the ongoing competition to capture the clientele market; how both European and Indian entrepreneurs assimilated the debate about the 'tradition' and 'modernity' in order to invoke the past to negotiate the medical market of the 'present'.

The Medical Practitioner as Entrepreneur

There was a variety of ways in which medicines were dispensed to people in Banaras during the nineteenth century. For example, Ayurvedic physicians used to give medicines prepared from herbs to their patients. These medicines were prepared by the help of *sishyas* under the supervision of *vaidya* or rather Ayurvedic medicines were freshly prepared in the form of *rasas*, or *churn* before dispensing it to the patient.[1] In Banaras, these *vaidyas* procured herbs and raw drugs from peddlers and peripatetic trading communities and at times also from local markets or weekly *hautes*. The peddlers and peripatetic trading communities had a vast market network. They migrated from place to place selling their products and some communities were so intimately connected to itinerant trading that the names of these communities became synonymous with peddlers.[2] One of such peripatetic community in Banaras was the *mushars* who sold both herbs and vegetables from door to door.[3] Some peripatetic communities also sold forest products and dispensed medical advice. "Golaa Dinanath market" in Banaras, which still exists, was popular for procuring raw herbs or crude drugs. Vaidyas on one hand were procuring raw drugs from peddlers and peripatetic communities and contrary they sold prepared medicine by retailing through the peddlers. As Banaras was an important centre for opium trade, there were wholesale merchants along with peddlers, who used to sell drugs like opium, tobacco, *dhatura*, aromatic oils and other raw materials which were used in preparing medicines. During the nineteenth century, practitioners of new kinds of medicines such as homoeopathy and allopathy entered into this already existing 'traditional' market for medicines.

With the establishment of hospitals and dispensaries based on the western medical system such as Prince of Wales hospital in Banaras, allopathic medicines were initially available only to the patients according to the requirement in hospitals and dispensaries. Later, the government opened drug stores where one could purchase medicine as prescribed by an allopathic doctor. Imported allopathic medicines were supplied to these government medicine shops by the government. Gradually, a few people opened their own medicine shops and stocked them by purchasing medicines directly from retailers or suppliers of allopathic medicines. This led to the expansion of market for medicine and Banaras was not left behind.[4]

Banaras being a lucrative ground for 'doctors', Indians and Eurasians holding medical diplomas set themselves up as practitioners of surgeon apothecaries in various towns.[5] Ganga Singh, Assistant Surgeon at the Prince of Wales hospital during 1890s had his own medicine shop in Banaras city. Mridula Ramanna shows how apothecaries, hospital assistants and 'native' medical pupils built up a private practice and conducted their business as the graduates did but with lower fees. Sometimes 'unqualified' practitioners and so-called charlatans had also set-up their own medicines shops.[6] Their supply of medicines was from Indian or European dealers. During the twentieth century, the market in Banaras flooded with all types of western medicines, health food, pharmaceuticals, and toiletries. Banarsis were also handling business in drugs either as a retailer, small shops, or as manufacturing firms. E.J. Lazarus and Company Medical Hall, Durga Medical hall, The Krishna Pharmacy, Mahadev Pharmacy and Seth Somchand Lakshmi Narayan Ausadhalaya were some of the popular medical shops in Banaras during the 1920s and 1930s.[8] Somchandra Laksmi Narayan, a Marwari Seth from Agra had a wholesale business selling Allopathic medicines. He used to supply Allopathic medicines from various European companies to medical shops in many cities and Banaras was one of them. He himself owned a medical shop at Bulanala in Banaras named as *Seth Somchand Lakshmi Narayan Ausadhalaya.* Due to loss in business Seth decided to close his shop at Banaras, on hearing of this decision one of his salesmen Kaladhar Prasad Chaturvedi, a young man of 25–26 years old, requested him to sell the shop to him and promised to pay the amount in installments.[9] In 1932, Kaladhar Prasad Chaturvedi migrated to Banaras from Agra and started running the shop. After proper settlement in Banaras in 1940, he renamed the medicine shop as *Shree Kaladhar Prasad*

and Son. He had a great hold over other medicine shops. He was the wholesale agent and distributor of big medical companies such as – Alembic, Sandoz, Parke Davis, Beautus, Unichem, Ciba and Burrough Welcome later he also started dealing in Ayurvedic medicines. *Shree Kaladhar Prasad and Son* superseded all other medical shops by 1940s.[10] These examples show that the expansion of the market was creating an opportunity for all kinds of 'emerging educated youths' to start dispensing services and products. Widening of the market led to competition among entrepreneurs involved in this business. Medical entrepreneurs and medicine shop owners were questioned for the authenticity and reliability of their products and they had to convince potential customers of the authenticity and reliability of their products. *Kaladhar Prasad and Son* established a reputation for selling authentic medicines. Gajadhar Prasad Chaturvedi, his contemporary recalls:

> In Varanasi if one asked a taxi driver or rickshaw puller to take one to a reliable medicine shop, one used to be taken to Kaladhars' shop… not only this but if any government employee produced their medical bills for re-imbursement, they were not rechecked or verified in the government offices at Banaras. Those bills were considered cent-per cent trustworthy.[11]

Medical practitioners of indigenous medicines also set themselves up as business entrepreneurs. Realizing the importance and beneficial aspects of indigenous medicine, indigenous druggist and practitioners adopted this strategy to make themselves more professional. Eminent *vaidyas* of Banaras during the early twentieth century, such as Acharya Kaviraja Dharamdasjee, Acharya Yadavjee, Pandit Rajeshwar Data Shastrijee, Kaviraj Pratapsingh, Pandit Bhairo Prasad Sukla, Pandit Mahadeo Prasad Chaturvedi, Dr Atri Deo Gupta along with practicing ayurveda also started manufacturing the Ayurvedic medicines in their houses. However, *vaidyas* had to face tough competition against Allopathic entrepreneurs. Just as those 'professional' boundaries were being demarcated by the colonial governments in medical practice, boundaries were also being demarcated in the market. Allopathic entrepreneurs emphasized the unique value of their medical products in terms of being 'scientifically' standardized and uniform. To counter this, Ayurvedic practitioners claimed that their medicines were absolutely 'pure' because they did not contain 'impure' substances such as animal

products and alcohol. In business practice, these boundaries dissolved. Pandit Shyamsundar Vaishya was the first Ayurvedic practitioner in Banaras who observing the increased importation of European drugs, thought of sending Ayurvedic medicines for sale to other countries. Indeed, he was not the first to undertake large-scale manufacture and sale of indigenous medicines in India. According to Brahmanand Gupta, Gangaprasad Sen was the first Ayurvedic practitioner in India to export Ayurvedic medicines to Europe and America.[12] Ayurvedic entrepreneurs tapped knowledge of chemistry by using manufactured acetic acid to extend the shelf life of medicines and in some cases alcohol was used. For instance, Shyamsundar Vaishya established a *Rasayanshaala* to manufacture Ayurvedic medicines in 1905.[13] These Ayurvedic manufacturers were also using 'traditional' knowledge of food preservation. For his contribution in this line of work and business, Shyamsundar Vaishya was honoured with titles such as *Navya Nagarjun* and *Rasayanshastri*.[14] He also assisted Madan Mohan Malaviya in the establishment of an Ayurvedic College at BHU, but died before its inauguration. After his death his maternal grand son Vaidyaraaj Pandit Umaidi Lal Vaisya took charge of the *Raasayanshaala*.[15] Following the example of Shyam Sundar Vaishya several Ayurvedic drug-manufacturing companies emerged in Banaras such as the Kashi Rasshaala, Swasthya Vardhak Aushadhalaya, Shekhar Bandhu Aushadhalaya, Swastika Pharmaceuticals, Ayachak-Ashram, Shree Bhaskar Ayurvedic Aushadhalaya, and Annanpurna Aushadhalaya. These manufacturers were using modern simultaneously with traditional knowledge of chemical science; alternately they adopted a new technology to present their product in a 'new look', in the form of tablets or balls of uniform sizes and marketed them in sealed bottles with labels etc. *Kashi Rasshaala* established by Pandit Brajmohan Dixit son of well-known Kaviraj Pandit *Ayurvedacharya* Radhakrishna Shastri in 1911, was one of the oldest Ayurvedic manufacturing houses in Banaras.[16] Later Shri Ram Lakshmi Narayan Marwari Hospital and Ayurvedic Pharmacy at BHU also started preparing Ayurvedic medicine for sale. Pandit Jagannath Sharma Bajpai's *Swasthya Vardhak Aushadhalaya* established at Assi in 1932 now developed into a big manufacturing company named '*Swasthya Vardhak* Pharmacy (P) Ltd.'.[17] These companies in order to face the new challenges of Allopathy started manufacturing Ayurvedic medicines on a large scale with the aid of modern machinery and also

advertized them in various vernacular newspapers and journals for commercial distribution.

With this commodification of indigenous medicine, it widened its horizon and transformed the 'traditional' nature of medical market into an urban one. Expansion in the market of medicine and commodification possessed the inherent character of multiplicity. For instance, the drug store owner had a variety of suppliers and they sold variety of different kinds of medicine. Some shops such as 'E. J. Lazarus' and 'Company Medical Hall' retailed only Allopathic medicines and the 'Swasthya Vardhak Aushadhalaya' were sold only Ayurvedic medicines. 'Shree Kaladhar Prasad and Son' was well-known and popular as a retailer, wholesaler and distributor of Allopathic and Ayurvedic medicines from different companies both Indian and foreign.

Defending, Deepening and Extending the 'traditional' market

The changing nature of traditional market into an urban market gave rise to sharp rivalry among drug entrepreneurs. The potential profits of the urban market encouraged entrepreneurs to experiment with different strategies to diversify their products. Entrepreneurs were making a variety of effort to influence the market over a wide range; for example, they also started selling health products, baby foods and beauty products along with medicines. *Haridas & Co.* of Mathura, adopted a unique strategy to encourage them to buy his products. He offered the aphrodisiacs he manufactured at reduced prices. One of the advertisements of his company emphasized that his products were within the reach of the poor.

> *Keemat fee sheeshe 15 rupaye,* ***garibon*** *ke liye* ***aadhi*** *keemat-7 rupaye. Saath mein sandipan vati ya navdhatu rogant churan ka sevan sone mein sugandh bhar dega* … . Haridas and Company, Mathura.[18]

> Price per bottle is rupees 15; half price for the poor. Taking Sandipan Vati along with this [aphrodisiac] adds essence in the gold … . Haridas and Company, Mathura.

Ganesh Prasad Bhargav, a well established manufacturer of Ayurvedic preparations in Banaras, mixed the attraction of a 'universal panacea'.[19] To increase his sale, he claimed that his product '*Namak Sulaimani*' could cure a variety of ailments.

As government used the post office network to extend the use of quinine, in the same manner these entrepreneurs were using the postal services in order to communicate with their clientele over a long distance. Medical products were supplied to the retailer or sometimes directly to the consumer through parcels. Health advice and consultations was sometimes made by letters sent by posts. For example, the advertisements of '*Arya* Company' and *Rajvaidya Narayanjee Keshavjee* indicates that to encourage sales, *vaidyas* and *hakeems* gave free medical advice through the post and also sometimes free of cost.[20] Charu Gupta's article on a female Ayurvedic practitioner Yashoda Devi indicates that she had an extremely large clientele.[21] Her fame had spread to far-off places like Africa and Fiji. She also urged the women clientele, who could not visit her, to write detailed letters to her. Yashoda Devi was so popular that letters addressed just 'Devi, Allahabad' usually reached her.[22] Dr Ganesh Prasad Bhargav found a large clientele and market especially for two of his products, *namak sulaimani* and *surti ka tail*. He exported his products to Malaysia, Pakistan, Burma and Africa.[23] Small shopkeepers in the surrounding *mufussil* and the rural market towns were promised a generous commission to sell products. Shyam Sundar owner of *Shyam Sundar Mahaaushadhalaya* offered a commission on sale and informed customers that they could buy his medicine through the pre-paid parcel post.[24] This certainly highlights that parcels were sent to the salesmen and agents of remote areas through Valuable Payable Post (VPP) service. This reflects the creation of a retail network and business attitude among the Indian drug entrepreneurs.

Social networks were as important to medical entrepreneurship as retail networks. For instance, Shyam Sundar Vaishya had immigrated to Banaras from Rajasthan. He was not a Brahmin and he did not belong to a traditional *vaidya* family and so had to face many hurdles to become a student of renowned *vaidyas* of Banaras. He eventually created his own identity in the form of a well-established Ayurvedic practitioner and entrepreneur of Ayurvedic medicines. For his contribution he was recognized as 'Pandit', a title usually reserved for Brahmins in a certificate presented to him signed by many renowned *vaidyas* of Banaras.[25] The example of Shyam Sundar Vaishya shows that a context was emerging in which men who were not from *vaidya* families could enter the profession and become successful entrepreneurs. It also highlights that the title such as 'pundit' was reserved for Brahmins but was bestowed in recognition of

success in this line of work and business and public recognition of contribution to it. It is of interest that some of those who did well in Banaras were migrants from Rajasthan and Bengal. As Claude Markovits points out, *Marwaris* had important credit networks which helped them to enter new markets.[26] This may be one of the reasons for the success of Ganesh Prasad Bhargav and Shyam Sundar Vaishya, both immigrants from Rajasthan. The Bengali migrants who did well in this business were those who had been appointed in Government service in Banaras and settled there. Bengali doctors found a clientele among the Bengalis on pilgrimage, amongst widows and migrants. For instance, Suresh Chandra Mukherjee opened a spectacles shop *Messr. Sooresh Chander Mukherjee & Co.* at Dasaswamedha Ghat and later also started manufacturing looking glasses.[27] Similarly Babu Lokenath Mitra, a disciple of Rajendra Lal Dutta, came to Banaras in 1865, started practicing Homeopathy and was later given charge of the Homeopathic Hospital and Dispensary established in September 1867 under the patronage of J.H.B. Ironside, the civil and session's judge of Banaras, who was himself an enthusiastic learner and practitioner of homeopathy.[28]

Public philanthropy could also be deployed to popularize the use of particular drugs. Mahesh Chandra Bhattacharya set up a Homeopathic dispensary and dispensed Homeopathic medicines. He was a prominent figure for spreading Homeopathy in Varanasi along with other cities.[29] He opened Homeopathic shops in the name of 'M. Bhattacharya & Co.' at Dacca, Comilla and Banaras.[30] He was the first person who published pharmacopoeia in English and Bengali and '*Homeopathic Paribarik Chikitsa*' a guidebook for the Homeopathy treatment of simple ailments which was subsequently translated into English, Hindi, Oriya, Urdu, Gujrati and Assamese. In 1920 he started, "M. Bhattacharya & Co., Allopathic Stores," both at 203, Cornwallis and 85, N.S. Road, Calcutta and at Varanasi. He extended his business and also opened an Ayurvedic shop *Vaidic Oushadhalaya* in Calcutta and Varanasi. To gain access over maximum clientele, he introduced cheaper prices for the medicines that could be within the reach of common people. In fact, he sold medicines at the cheapest rates but never compromised with the quality.[31] He kept his price at five *paisa* per *dram* while the market price was twenty-five *paisa*. He not only believed in serving the poor section of people but also sold medicines at a fixed price with lower rates. This attitude helped him to gain recognition and maximum profit in the business of medicine which

he then invested in schools and hospitals. He founded about thirty schools at Comilla, Bitghar, Varanasi and Vindhyachal and also opened a Sanskrit *toll* in Varanasi. In addition, he arranged for loans and scholarships for poor students for higher studies.[32] Philanthropy helped to build the social network which was important for entrepreneurship. He earned a good reputation and this in turn had its benefits. He could get institutional credit easily and could also hope for official patronage in many forms. In the North Western Province, Homeopathy spread from its center at Banaras to Agra, Allahabad and other towns. Homeopathy may also have been popular because people felt that they could easily prescribe it for each other without undergoing any training but would still have to buy the medicines.

Product Preparation and Presentation

The Question of Authenticity: the Adoption of Scientific Temperament

British and Indian allopathic practitioners always used to question the efficacy of the Ayurvedic medicines. Some *vaidyas* and manufacturers of indigenous medicine realized that Indians were attracted to western medicine due to its immediate effectiveness which was only due to proper testing of the drugs. Manufacturing of the tested Allopathic medicines and their availability in the medical stores helped the patient to get relief sooner. To further the cause of professionalization of medicine, Ayurvedic practitioners were continuously emphasizing proper experiments with herbs, standardization and uniformity of weight for preparing medicines at various conferences of *Nikhil Bhartiya Vaidya Sammelan* and Regional *Ayurved Sammelans.* Being an active member of these organizations and also having an enterprising zeal, Shyamsundar Vaishya and Brajmohan Dixit owner of *Shyamsundar Rasaayanshaala* and *Kashi Rasshaala* in Banaras realized that drugs needed skilled mixing and preparation under skilled supervision. In order to compete with Allopathic medicines and to keep pace in the market, they should manufacture Ayurvedic medicines scientifically with proper testing for efficacy and also making it readily available to the patient. Brajmohan Dixit in his address to *Kashi Ayurveda Sammilani*, spoke:

> *Charak, susruta … granthon kee manparibhasa mein antar hai. Haal ke vyavahar mein bhi Bangal aur doosre desh ke vaidya jo maanparibhasa vyavahar karte hain, usme bhi farak hai. Dravyagunparibhasha ke vishaye mein granthakaron mein bhi matbhed dekha jata hai aur vartmaan samay ka*

vaidyavyavhar bhi bhinn-bhinn hai, isse vyavahar mein bahut asuvidha hoti hai. Isliyesab prantke vaidyon kee sammati se sare bharatvarsh ke liye ek hee maan paribhasa nishchit honi chahiye aur tadanukool sarvatra vyavahar hona chahiye … .[33]

There exist great differences in the weight measurements cited in text written by Charak, Sushruta … now a days also weight measurement varies among vaidyas of Bengal and other places … this creates a lot of confusion … so with the unanimous acceptance of *vaidyas* of each provinces there can be a uniform weight measurement practised throughout India… .

With this, uniformity in the measurement was adopted but again there were two groups of which one group used traditional weight measurement and another group passed out from Ayurvedic College of BHU adopted International Standard of Units. Pandit Ram Lagan Pandey *Visharad* adopted traditional weight measurement as depicted in his prescription for fever:

Judi kee dava – yadi kisi bhai, maa, bahin ko judi aati ho to unhe chahiye ki harsingar ke chaar patte aur ek tola (ek rupaye bhar) purana gur ko milakar sil par peeskar chaar barabar- barabar goliyan bana lenaur jwar chadne se pahile ek-ek ghante baad taaza jal se teen goliyan khalen, do-teen roz ke khane se joodi chuut jayegi. Parantu bukhar ke chade rahne par goli kadapi na khayee jaye.[34]

Medicine for fever – if any brother, mother or sister suffer from coldshivers then they should take four leaves of jasmine and one *tola* old jaggery and grind them properly in the mortar, then make four balls of equal size. Before onset of fever take three balls with fresh water at every hour, within two-three days the shivering cold will go. But it should not be taken during fever.

Ayurvedacharya Brajmohan Dixit adopted International System of Unit for measuring weight as shown in his recipe of medicine for *jwar*:

Shahad 12 mililitre, chirayata ka sat 12 gram, gurich ka sat 12 gram, ajwain 6 gram, choti pipal 12gram, sonth baitra 3 gram, kalimirch 21 dana, badi harr ka chilka 2 gram kapadchhan kar shahad se chaat basi pani peena. Teen baar pratidin lena chahiye, pani mein pees 3 gram kee goli. Isse sab prakar ka jwar nasht hota hai.[35]

> Honey 12ml, powder of *chiryata* (Swertia chirayita) 12g, powder of *gurich* (Tamarykucha) 12g, *ajwain* (Thymol or Carbon seeds) 6g, small pipal 12g, dried ginger 3g, black pepper 21 no., peel of big *harr* (Terminalia chebula) 2g, mix all ingredients, sieve it with a fine cloth and lick it with honey and drink water three times a day; … with this every kind of fever will go.

With the fervour of *Swadeshi* Movements, they also put forth the idea of producing Ayurvedic drugs according to scientific methods along with standardizing the product with uniform weights and measures. Brajmohan Dixit also took the initiative to prove the efficacy of indigenous preparations and tried to teach the testing methods on the basis of the science of chemistry in Hindi. These practitioners were well supported by Hindi literati in the work of translation and publication. Mahavir Prasad Dwivedi explained various methods to test and manufacture Ayurvedic medicines in his article *Deshi Aushadiyon Kee Pariksha Aur Nirman* [Testing and Manufacturing of Indigenous Medicines].[36] Realizing the importance of scientific knowledge of chemistry, Ayurvedacharya Shyamsundar Vaishya spent about ten thousand rupees for doing various chemical experiments in his laboratory. Based on his chemical experiments, he was the first Indian to write a classic chemistry text *Raasayansaar* which is considered the first authentic work on chemistry of this era.[37] He outlined the model of scientific furnace *Swarthakari Bhrashti* and constructed one in his *Raasayanshaala*.[38] The science of chemistry had a great impact in these businesses. In a similar vein, Pandit Jagannath Bajpai adopted full-fledged scientific methods for preparing Ayurvedic medicines. For instance, he adopted International Standards of Unit and also cited Botanical names of herbs in the recipes.[39] By 1935, his company *Swasthya Vardhak* began the full-scale production of chemicals, pharmaceuticals and toiletries.

But the lead was taken by BHU. Madan Mohan Malviya took a keen personal interest in the manufacture of Ayurvedic drugs. He opened an Ayurveda pharmacy by consulting Acharya Kaviraja Dharamdasjee, Acharya Yadavjee, Pandit Rajeshwar Data Shastrijee, Kaviraj Pratapsingh, Pandit Bhairo Prasad Sukla, Pandit Mahadeo Prasad Chaturvedi, Dr Atri Deo Gupta and other eminent *vaidyas* in Banaras. Ayurveda Pharmacy was one of the oldest institutions of BHU and was started much earlier than the establishment of Ayurvedic College. Madan Mohan Malviya

employed these *vaidyas* in his pharmacy. With the consultation of several *vaidyas*, recipes and formulae for Ayurvedic preparation was collected and Ayurvedic medicines were commonly used in households such as the extracts of *kalmegh*, *khurehi*, the syrup of *vasaka*, *ajowan* water etc were produced for sale. Manufacturing of drugs was being done under the guidance of these *vaidyas* and others from time to time.[40] Malviya also used to visit his pharmacy frequently and inspect the preparation of medicines personally.[41] Rasayanacharya Kaviraj Pratap Sinha 'Bhishagmani' was appointed as superintendent of Ayurvedic Pharmacy in 1925. He was given additional responsibilities such as Superintendent of Ayurvedic Gardens, Physician-in-Charge of the Outdoor and Indoor Dispensary of Sir Sunderlal Hospital and a Professor of Pharmacy.[42] He reorganized the pharmacy with the generous donation of rupees 1000 from Shrimati Bhagwan Devi, sister of Seth Jugulkishore Birla. Ayurvedic Pharmacy prospered so much under his guidance and supervision that it yielded nearly rupees two lacs in cash and stocks by 1935 and had grown into a big concern.

The commercial preparation of medicines also gave rise to business associated with it such as instruments required for the manufacturing and packaging on large scale. Kaviraj Shandilya Trivedi extended his business from Ayurvedic medicines to instruments and accessories required in this profession. In one of his advertisements, he claimed that practitioners could purchase stationery such as patient register and cards and could also order for *swadeshi* injections and surgical instruments, pill making equipments, bottling equipments, bottles of different sizes, sealed bottles, printed labels and modern machinery.[43]

Incorporation of modern techniques for manufacturing and displaying the products also changed the nature of medicines that is medicines were not prepared according to the need of an individual but according to the demand of the market especially for common ailments. Thus, business of indigenous medicine transformed into an enterprising industry. The following section tries to show how some drug entrepreneurs of Banaras made use of certain laws to cut out competitors in order to sustain themselves in the medical market.

Negotiating the New Legal Framework: New Problems and Possibilities

Patent, Trademarks, Logos, Registration

The market was flooded with a variety of medicines. A stiff competition was going on among European and Indian drug entrepreneurs for

market space. Many fake drug manufacturers and sellers mushroomed and were making huge money. People were not able to distinguish between fake and genuine drugs. A correspondent of the Hindi newspaper, *Indian Punch* complained that fake drugs were sold openly in the market without any restrictions on trade or any certificates about the genuineness of the medicines and the public were robbed by fake drug sellers of their money and those who purchased the medicines lost their lives in the bargain and the vendors managed to elude the grasp of police and the law.[44] The editor of 'Sulaimani Akhbar' protested strongly against the sale of medicines by quacks who gained access to the public by publishing elaborate advertisement.[45] He urged the public to hold themselves aloof from such quacks as their medicines would do more harm instead of giving relief. The public manufacturers of genuine drugs were also troubled by fake drug sellers and manufacturers.

Ganesh Prasad Bhargav, a migrant from Rajasthan, joined some government job in Lucknow but left it in 1885. Same year he migrated to Banaras and opened one factory to prepare Ayurvedic medicine for market.[46] *Surti Oil, Gandhak Batti, Saffsallam Murrakkam, Rogan Kafur* and *Swadesh Bahar Hair Oil* were some of the products manufactured in his factory. He once faced humiliation from police on the pretext of cheating and fooling the public, because he had no license or registration from the government. He was questioned about the efficacy and authenticity of his medicine. He had to go through many tests by the authorities to prove the authenticity of his medicines. As his preparation proved to be very effective he was relieved.

Later on, he earned a doctorate, an honorary degree from the Royal Institute of Chemistry, London.[47] Then further to avoid police humiliation and also to cut out competitors from the market, he took the shelter of legal structures. First he got his factory registered. Then he applied to the patent office to get his salt preparation *Namak Sulaimani* patented under the clause of compound medicine, because according to the 'Indian Patents and Design Act' of 1911, "the particular use or application of a drug cannot be made the subject of exclusive privilege, but a compounded medicine may be protected, provided the compound is of a noble character."[48] He claimed that his product *Namak Sulaimani* was a useful compound effective in the treatment of problems related to digestion but administered with different prescriptions. It was prepared by mixing several other ingredients to a raw white salt roasted in an

earthen pot. After getting his medicine patented, he adopted a trademark and a brand name and got it registered by the Government under the clause of 'proprietary Articles' in order to protect his products from commercial dishonesty. People had more faith and reliability in the *sarkari maal* because it guaranteed authenticity of the product and relieved them from fear of being cheated. As the words 'patent' and 'registered' are inherently associated with the Government they offered the guarantee and relief to the consumers. So with the depiction of the words 'patent' or 'registered' on the outlets or in the advertisement entrepreneurs ensured consumers about the genuineness of their product. The *chaap* i.e. some signs and logos was also an important form of advertisement and a way of ensuring that consumers recognized their product. It was also an important strategy adopted by the Indian drug entrepreneurs to capture maximum clientele for their product.

These laws on the one hand offered certain opportunities to the drug entrepreneurs but on the other hand they also handicapped some entrepreneurs and cut out the smaller operators, for instance, as depicted in a petition made by Babuji Damodar Vaidya regarding his discovery of the medicine for hydrophobia. Babuji Damodar Vaidya belonged to Berar. He had discovered herbal remedy for hydrophobia. In order to prove the efficacy of his medicine, he requested the Director General of Indian Medical Services (DGIMS) for arrangements to enable him to show the efficacy in front of DGIMS. He wanted to get a reward from the government for his discovery and also wanted a contract from the Government to supply his medicine in the hospitals and dispensaries. Though he requested many times, he was not given a chance to prove the efficacy of his medicine. On the contrary, he was asked to send leaves of trees used for its treatment. In his letter to DGIMS Simla dated 26 May 1919 he wrote:

> … you have written 'there can be no question of a reward till we are assured of the efficacy of your treatment'. I humbly admit this but if you have any wish to be assured of the efficacy of my treatment I should be given a chance of giving my treatment to some patients in your presence. Unless I am given this chance how I should assure your honour? Here I cannot but refer to a story that runs as follows: A says to B
>
> A: I can shoot the mark very well B- show me your skill; A: give me a gun to do the same; B: (not the point of a gun) show me your skill

only … . In this case B does not think as to how A should hit the mark. My case is the same as that of A … .[49]

Babu Damodar Vaidyas case shows that one of the reasons for his hardships was that he did not have enough network with the concerned authorities. *Patent Office Journal* highlights many references which shows indigenous practitioners all over country were applying to the patent office to get their medicine patented or registered from the Government of India. As for example, Summerchand Sadh, Sindurchand Sadh and Kunjilal Sadh, had jointly conducted many experiments for improvements in and relating to the methods of manufacture of *Banslochan* for medicinal purposes. They had also invented a different type of stove for the manufacture of *Banslochan* on a large scale. To get their method and invention patented they applied to the patent office in November 1919 and their application number was 4542.[50] Along with indigenous drug manufacturers, some Indian Allopathic surgeons were trying hard to get their inventions and innovations patented. Hari Shankar was one of the eminent ophthalmologists. He had developed many new instruments for eye surgery. Some of his instruments were lens lifting forceps, folding eye speculum lid elevator, lower lid retractor, hook on thumb clip used for lower eyelid, operating eye speculum for surgical use and attachments to operating table or cap wash used by the patient during an operation. He applied several times to get a patent for his instruments and technology.[51] Hari Shankar's Application No. 3329 for patenting his technology related to the improvements in and relating to the means of exposing the field of operation and closing the eye in surgical operations on the eyeball was accepted on 19 November 1917.[52] As above practitioners were independently trying and struggling to get their medicine patented, there were also men in the market who offered their services to sort out these legal technicalities. One such man in Banaras was Kaviraj Shandilya Trivedi who had established Ayurvedic Research Institute named *Shandilyakuti*. *Kamkandarp Vati, Shandilya Tila, Madan Manjari Gutika, Pradarantak Vati, Garbha Pradata, Kuch Kalp, Yoni Sankochan* and *Balamrit* were some of the patent and proprietary medicines manufactured at his institute. He also offered his service to the drug manufacturers to get their medicine patented or registered from the Government of India. He provided registration forms and all sort of assistance related to registration as depicted in the following advertisement.

Government of India *se* trademark *ya naam*

Kee rajistery karane ke liye apne firm ka naam ya vastu patent ausadhi ya sanstha evam firmadi kee rajistery government of India ya prantiye government se suvidha purvak rajistered kara apne adhikaron kee raksha ke liye sadhya nimna pate par likhiye. Pata – Shandilya Trivedi Krishna Trivedi & Co. 'Shandilyakuti' Kashi. Banaras City.[53]

To register your trademark or name or if you want to get your articles or medicines patented or want to register your institute or firm with the Government of India or provincial government without any hassles and protect your rights then write a letter to the following address- Shandilya Trivedi Krishna Trivedi & Co. 'Shandilyakuti' Kashi. Banaras City.

Thus, by the first half of the twentieth century medical entrepreneurship among *Banarsis* transformed and developed according to the changing nature of the market. But this medical entrepreneurship did not completely replace the pre-existing mode of trade. They existed simultaneously benefiting from each other. Commodification of indigenous medicine helped in giving the indigenous practitioners a space in the market place. Middle class urban entrepreneurs, encouraged by the idea of reviving the heritage of indigenous medical science, modernized the traditional medicine.[54] These entrepreneurs mainly of Brahmin and other high castes shaped a career for themselves through professionalizing and commodifying indigenous medicine, which in turn, evolved into a hybrid form of popular culture, and 'scientific' medicine.[55]

Creating a Medical Consumer: The Use of Advertisements

Advertisements were regarded as a particularly active agency for creating a consumer for medical products and services across a variety of medical systems. Advertisement was both crucial to the economic functioning of capitalism and as a form of 'social communication' offering new ways of understanding ourselves. Advertising, then, categorizes people as 'consumers' rather than 'users'. Advertising as an industry wields considerable power within the capitalist society. It conditions marketing practices and helps in sustaining the flow of goods and is tied directly to the economic structures.[56] Advertising extends the space occupied by the commodity through print and visual images. Besides reflecting the

contemporary times, advertisements are a valuable source of information for a social historian. They telescope the prevailing social environment, values and lifestyles into lively, wholesome images. The products and services advertised indicate, to a large extent, how people lived and aspired to live.[57]

This section is based on a study of medical and health products advertised in the Hindi newspaper *Abhyudaya*, which was the first Hindi weekly, started by Madan Mohan Malaviya in 1907.[58] Advertisements of the products in this Hindi weekly medium are compared with the advertisements of similar products in the English daily, *The Times of India* and in the Journal published by the Association of Medical Women in India. [59]

Advertising through letter writing, news column writing or editorial comments reflects forms of communication. It is very much a part of the process of communication whereby meanings are exchanged between individuals (advertiser and observer) and between objects and individuals, through the common understanding of a system of symbols.[60] It reflects a particular facet of changing culture in the history of a nation or community.

Although advertising existed in the pre-industrial society in the shape of announcements and proclamations, it acquired its present form and dimension only with the development of modern machine-based mass production.[61] Advertising stepped in to create the mass demand and to compete for it. Thus, by the mid-nineteenth century the industrial revolution had altered the relationship between the advertisers and the consumers. The advent of printing and the subsequent growth of the modern newspaper marked another watershed for advertising, thereby enabling the manufacturer to place his goods before thousands of eyes.[62] Early advertisements were very much like announcements, giving factual information such as the availability of a particular item and in most cases indicating its price and the address of the retailer. Later on, sketches along with its descriptive details and photographs were also included in the advertisements.[63]

The advertisements related to medicine and health products were advertised regularly. Medical journals contained advertisement of drugs, health foods, medical publications, retailers and suppliers of western medicine and surgical instruments and in turn advertisements generated revenue for publications/newspapers.[64]

Most advertisements in English dailies were of imported medicines which were usually accompanied by testimonials and interesting explanations.[65] For instance, Holloway's Pills were advertised in 1858 as "indispensable to the security and life in the new settlements. Fever and ague, bilious remittent and bowel complaints are the worst enemies the western pioneer has to encounter, and he can only certainly and permanently put them to fight with the aid of this unrivalled cathartic, detergent and restorative".[66] These early advertisements suggest that advertisers were keen to address the health problems of Europeans in 'new settlements' such as India and Africa. After all, their market was limited to the European population or consumers only.

Most of the advertisements were for either tonics or general pills that cured all sorts of ailments.[67] Eno's Fruit Salt was the foremost prescription among the common aids to health recognized in India since 1878[68] while Invalid's Port was the recommended tonic for 'invalids' even 40 years earlier.[69] Virol, a health tonic was supplied in India by Virol Limited Company based in London. Statistics of widespread Virol sales return showed that it was prescribed by reputed hospitals. It seems that it was duly supplied in hospitals and clinics with Governments support.[70] Statistics of Ovaltine shows its monopoly in the *JAMWI*.[71] The advertisement of Ovaltine claimed that it was a tonic food beverage which ensured adequate lactation. Similarly Dettol, an antiseptic solution captured the major proportion of the advertising market during 1940s. One finds that European medical products dominated the advertising space in English dailies and journals. However, explicit advertising claims were sometimes repeated so often over the times that they became a part of the audience members' assumptive worlds.[72] For example, Dettol became synonymous with antiseptic solution. Perhaps Bayer's aspirin is the most appropriate example. Aspirin's superiority to its competitors was highlighted in its advertisement. Even though Bayer, brand contained five grain of aspirin like every other brand of this drug.[73] Advertisement sought to make 'consumers' out of 'users'. It also helps to construct the ideological structures and frameworks in our society. One can explore the meanings of 'masculinity' and 'femininity', stereotypes constructed through these representations by the analysis of specific examples. This can be best explained by comparing the advertisement of Glaxo Baby Food, Woodward's Gripe Water and Sequarine health tonic.[74]

Multiple Addresses: Beautiful Women, Vigorous Men, and Bouncing Babies

Advertisements in English newspapers and journals restricted the market to the English literate only. To widen the market and to increase consumers, European firms also started placing advertisements in the vernacular newspapers. European firms worked through codes of local culture assimilated with their own symbols and tried to draw upon certain features which they felt could have universal appeal. They also had the financial resources to flood vernacular papers with both visual as well as print advertisements.

The best example for this is the advertisement of baby food marketed by Glaxo.[75] (See Figure 4.1) It heralds the use of 'calendar art' in print media.[76] The very centre of attraction is the image of a healthy baby boy who looks like a British child. This advertisement shows the eugenic interest of the advertiser, where he puts his investment in healthy motherhood for a healthy child in order to promote the sale of his products. The consumer was presumed to be a mother drawn towards the image of an alert, robust and well groomed baby pretending to talk on



Figure 4.1: Advertisement for Baby Food Marketed by Glaxo

Source: Advertisement of Glaxo-milk food, Abhyudaya, September 14, 1929, p. 5.

a toy phone; the fact that the infant is a boy was probably expected to have a special reason given the strong emotional investment in a male heir in India. A baby boy is considered an heir of the family name. Moreover, the child is seemingly of British origin. This implies that for the Indian consumers a fair child is a prototype for their child to follow and thereby they should accept the claims, which the advertisement promotes. The advertisement also seems to suggest that qualities such as robustness, intelligence and beauty associated with the child and the ruling race were 'accessible' to the other children as well. Although the main aim of the advertisements was to sell the product, they also seem to act as an intervening agent in people's living style. In this particular advertisement, the advertiser appears to be 'colonizing the mind' of a mother who endeavours to give the best to her baby child.[77]

This psychologically promotes the concept of an ideal mother who strives to provide the best brand of foodstuff to her child. The usage of a catchy phrase *sanjivan-tattava-milk food* i.e., 'milkfood' meant to be given for the sustenance of life highlights the 'false' claim of the advertiser because this will mean the child from the otherwise healthy food which he is getting to a marketed product.[78] The advertiser claims that it is a food which is like mother's milk or it is a complete food which also contains the same nutrition as milk. Another fact to be noticed is the positioning of advertisement in the newspaper. The advertisement compliments the article '*Streeyon ka Sansar*' [A Women's World]. Articles and advertisements related to women's health and beauty was also one of the concerns of journals and local vernaculars.[79] It is understood that a person reading the article would at the first glance be attracted to the image of a cute baby. The incorporation of English terminology like 'milk food' creates an English sensibility among the consumer. It appears to be 'empowering' the consumer. It allows the consumer to feel that he is knowledgeable about the new food products and he can select the best. [80] That is, the consumer is made to feel that he is taking the best from the market in the name of the English trademark. The English trademark was held out as the sign of guarantee for the genuineness of the product.[81] Along with English terminology, incorporation of Sanskrit words like *sanjeevan tattva* was used to create a sense of superiority by consuming a product manufactured by a 'superior' race. Through the use of Sanskrit, the advertiser tried to establish the 'authority' of genuineness and purity as perceived by most people in India. It was mostly (not all) believed or

propagated to Indians by supporters of the indigenous medicines that European medicines were mixed with alcohol or beef.[82] For instance, Krishan Kant Malaviya through the editorial of *Abhyudaya* pointed out the superiority of Ayurveda and condemned the use of Allopathic medicines "from a religious stand point since they generally contain alcohol and other ingredients which are forbidden to Hindus"[83]. So, with the usage of Sanskrit vocabulary the advertisers tried to communicate the notion of 'purity' as understood by most of the Indians that is natural and free of contamination with substances like alcohol, beef etc.

Advertisements also help to build the sense of 'masculinity' and 'femininity' through visuals. This can be best explained by comparing the advertisement of Woodward's Gripe Water and Sequarine health tonic.[84] The advertisement promoting Woodward's Gripe Water (See Figure 4.2) portrays a picture of a British nurse with a sleeping baby. The nurse



Figure 4.2: Advertisement for Woodward's Gripe Water, 1920s

Source: Advertisement of Woodwards Gripe Water, Abhyudaya, March 12, 1923.

signifies tender loving care and affection in a 'western' society. The very presence of a nurse in the advertisement testifies the claim of the advertisement. Furthermore, the very trademark of the product shows to the consumer the so-called authenticity of foreign made products.

As compared to Sequarine advertisement (See Figure 4.3) it also highlights the dichotomy between the masculine and feminine. From its very depiction, this advertisement of Sequarine promotes the notion of manliness. The symbol of the Herculean hero holding a snake was only to promote the male consciousness since men were inevitably the consumers of this product. The former advertisement sticks to a feminine consciousness, that of a nurturing mother (nurse) and the infant.

Figure 4.3: Advertisement for a Health Tonic Sequarine

Source: Advertisement of Sequarine, Abhyudaya, April 12, 1913.

The advertisement of Gripe Water during the 1930's, if compared to an advertisement of the same product of 1920's, reflects a shift in the advertising strategies. The advertisement of 1930 (see Figure 4.4) uses the theme of *kaliyamardan* – the subjugation of the snake-king, *kaliya*, by *Krishna* – to reach out to an Indian audience or consumer.[85] The theme also finds a parallel in the firm's logo, which shows ostensibly a "British child" Hercules throttling the snakes. The image of the baby in the logo compliments the image of baby Lord Krishna.[86] The aesthetic appeal of the advertisement was made by keeping in mind the mother's psychology and cultural status of baby Krishna in the Hindu society at large. For many Hindu families in India, baby *Krishna* is a model for their child to pursue, and it expected that they should believe the claims, which the advertisement promoted. Marten Bode in his article analyses

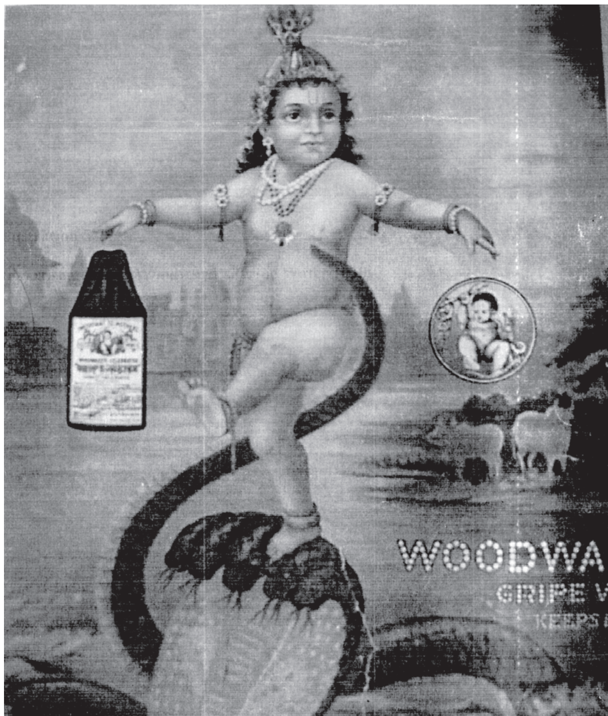


Figure 4.4: Advertisement for Woodward's Gripe Water, 1930s

Sources: Woodwards Gripe Water keeps babies healthy; Oleograph, c. 1930 taken from Erwin Neumayer & Christine Schelberger, Popular Indian Art: Raja Ravi Varma and the Printed Gods of India, New Delhi, Oxford University Press, 2003, p. 96.

that religious and historical images were used by the industry (Dabur, Zandu and Hamdard) to anchor Indian pharmaceuticals in a traditional culture.[87] This is perhaps visible in the advertisement of Gripe Water of 1930's, which clearly shows a European industry evoking traditional culture through a religious image in promotion of its product.

Indigenous signs and symbols added an aesthetic touch to the advertisements. The depiction of natures, cows, river, and temples in the background increased the appeal of the product thereby reaching deep into the society and widening the market. Advertisers had juxtaposed different mythologies through a common symbol to sell their products.

Another notion, which was promoted in the Sequarine advertisement, was the concept of good versus evil. A snake is considered as an epitome of evil in the western belief system. Thereby the Greek Herculean hero was shown to be capturing and controlling a snake, which symbolizes the efficacy of medicine that could drive out all maladies. In this very advertisement the advertiser tried to generate the notion of a 'universal panacea' – a single medicine cures all sorts of ailments.[88]

The advertising trends examined so far reflect the mindset of European entrepreneurs. Initially the advertisement was limited to some English newspapers because it was meant to sell their products to the European and English educated Indian consumers. However, later on in order to widen the market for their products, advertisements were also placed in the vernacular newspaper. Europeans were also facing the competitive edge by indigenous entrepreneurs in the twentieth century. Consequently in order to get an edge over indigenous products they adopted signs and symbols from the local culture for their sustenance. Mythological gods and goddesses depicted in the advertisements in a prominent way. The motive was to reach out to people and create consumers from any village folk and common people, along with the professional and urban dwellers.

Indigenous Medicine in Public Space: Getting it off the Shelf

Indian entrepreneurs adopted the same communication infrastructures and marketing strategies. To build up a spirited frame with the European medicines, Indian drug manufacturers worked through the codes of local culture by assimilating the concept of universal panacea. Anil Kumar refers to P.C. Ray facing problems while selling his Ayurvedic preparations as compared to products from Bengal chemical works. As he puts it: "P.C. Ray himself hawked them [ayurvedic preparations] in the

streets of Calcutta carrying in his folio, sample phials of the syrup of *vasak* and *ajowan* water."[89] Indian entrepreneurs used to employ sales persons who used to sell their products by drawing people's attention through songs or tunes that drew upon the oral traditions. Sometimes, the person was not directly employed by the indigenous drug manufacturers/ retailers. Very interesting phrases were used by these salesmen to attract the consumers' attention. As for instance, Vishwanath Mukherjee in his *Bana Rahe Banaras* highlighted the tune made by a Bengali hawker in the streets of Banaras in order to attract the public attention towards its products.

> *… kaviraj kalipadi de ka aascharya malham jo 101 bimariyon mein fayada pahunchata hai- aawaj lagate huai bagal mein teen ka dibba liye bangali babu tahalte the, aankho mein chasma pahne aur haath mein sirf ek chasma liye- 'ek chasma' kee aawaz dete huai bare miyan kuchh logon ki aanke padhte nazar aate the ….*[90]

> A Bengali Babu roams shouting … amazing ointment of Kaviraj Kalipadi De which helps in 101 types of ailments … an elderly Muslim with a spectacle on his eyes and carrying only one spectacle in his hand tries to read the eyes of people and shouts occasionally 'one spectacle'.[91]

At times their verbal recitation was accompanied by tunes of folk songs such as "*Davayee meri awwal, paisa lena dubble*".[92] Oral advertisements had their own limitations because the medium of hawking could only cover a limited market area and also the clientele for their skills or consumers were very limited. The development of advertisement in the vernacular print media proved to be a boon for the entrepreneurs of Indian drugs and indigenous medical practitioners.

Services, Skills and Commodities: The Medium of the Printed Words

The Norms of Authenticity: Time Tested and Pure

Indigenous practitioners advertised their skills through columns in vernacular newspaper endorsed by a testimonial from eminent personalities of the society. As for example, under the heading '*Kustha Chikitsak*' the house physicians of the Nawab of Murshidabad, Satishchandra Mukherjee and Yatishchandra Mukharjee endorsed that – "Pandit Kripa Ram had treated one patient suffering from an old history of leprosy in their presence. He had also treated many other leprosy patients".[93] The House physicians of eminent householders' testimonial

to Pandit Kriparam helped them in regaining and revitalizing their social status and respectability. This in turn helped in acknowledging the authenticity of the medical skills of the practitioner solely on the basis of social and cultural norms irrespective of any scientific grounds. This clearly indicates the elite patronage to the indigenous medical practitioners. Skills developed by the physicians in the royal elite households give a sort of social status to the physicians and their testimonials in the form of advertisement show that the availability of their skills were also accessible to all. Similarly, manufacturers in order to prove the authenticity of their product drew in phrases such as – "*lagatar 75 varshon se iske sevan se lakhon aadmi acche bane hain*."[94] By associating their medicines with a 'glorious past' and using time-tested phrases such as '17 *varshon kee parikshit*' or '15 *varsh kee ajmayee hui*' the producers of indigenous drugs tried to legitimize their products.[95] Along with creating consumers, entrepreneurs were also giving notes to attract the attention of salesman or agents that is, "*vyapariyon ko kaafee kamishan diya jata hai*".[96] This reflects the creation of a retail network and business attitude among the Indian drug entrepreneurs. Retail networks helped in the sales of the products. For instance, Babu Shivnandan Prasad was a wholesale agent of products manufactured by Doctor Burman of Calcutta as shown in one of its advertisements. Medical products were supplied to the retailer or sometimes directly to the consumer through parcels. Health advice and consultations were occasionally made through the posts. Through these advertising columns, many *vaidyas* and *hakeems* also encouraged medical advice and treatment that was conducted through the post and sometimes free of cost.[97]

For their sustenance, Indian drug manufacturers of Allopathic or indigenous medicine tried various and sometimes specific strategies to tighten their grip over Indian consumers. For example, to capture the advertising market, Pandit Rameshwar Mishra of Kanpur put in a full-fledged one page advertisement in which he explained the efficacy of his drugs meant for various problems. Indigenous practitioners were not only trying to build a consumer base for their products but they were also trying to advertise their name and skills by phrasing the title of the advertisement in a very attractive style. For example '*Banaras Ke Mashoor Doctor Ganeshprasad Bhargav Ka Banaya Hua Nimak Sulaimani*'[A salt, *Sulamani* prepared by a popular doctor of Banaras]. *Kanpur Ke Prasidh Chikitsak Pandit Rameshwar Mishra Vaidya Shastri Ke Ayurvediya*

Aushsdhalaya Kee Sacchi Tatha Anubhut Aushadhiyan [Genuine and authentic medicines from ayurvedic pharmacy of famous practitioner Pandit Rameshwar Mishra Vaidya of Kanpur]. Thus, drugs and medical preparations were advertised for competition existing to fight for a market space for consumers as well as to increase the clientele for their sustenance. Success and popularity in turn ensured the professional success of the *vaidyas* or *hakims* and sustained their pharmacy. These preparations were not only advertised but they also represented the courting of an impersonal clientele and offer of medical advice.

The Power of Universal Panacea: 'Ramban' and 'Sulaimani'

Certain words such as '*Ramban*' and '*Sulaimani*' were used metaphorically as the notion of universal panacea implied aid for all remedies. With the usage of such words, advertisers acclaimed the efficacy of their product – the arrow of *Rama* swept away all evil; the medicine acts as a remedy to the root cause of the disease and cures all sorts of ailments.[98]

Likewise the word *Sulaimani* imbibes the power of Turkish King Sulaiman. The '*Sulaimani*' Salt possesses the power to cure all health problems like the king ruled over his enemies. As it was in the interests of the seller or manufacturer to reach as wide a market as possible, so the inclusion of these types of vocabularies helped them to reach the Hindu or Muslim consumer and during the national movement such idioms helped in generating Hindu/Muslim identity or unity. The incorporation of such terminologies along with *swadeshi* or *desi* created an Indian receptivity among the consumer. The consumer was made to sense that he is taking the indigenous product manufactured by Indians with locally available raw materials. This shows the impact of the ongoing *swadeshi* and national freedom movement in advertisements. Thus, advertisements also show the parameter of a political shift.

Indigenous entrepreneurs also sought to draw upon comforting images of traditional healing practices and ingredients. Nevertheless, these were recast within a frame that took into account the changes ushered in by the colonial experience. This was very much reflected in the advertisement of *Amrit Dhara* and *Piyush Ratnakar*. Advertisement of *Amrit Dhara* shows a picture of fairylady ostensibly adopted from European fairy tales or this could be a *pari* from Indian folk tales, removing all maladies from earth.

A fairy-like lady was named as *Arogyata Kee Devi* that is, goddess of health. Earth was represented in an animated form of the globe.[99]

"Gracing the bottom left half of the framed picture is a terrestrial globe on which are sketched what our eyes have been taught to recognize as India."[100] Atop the globe is a young woman with flowing tresses and wings. Clad in western outfit, she holds a lamp in one hand with flowing nectar from the other hand. Her body, dress and wings outline the map of India, ingeniously repeating the cartographic shape of the subcontinent as it appears on the animated globe below. This reflects the fusion of tradition with modernity. To show the superiority of indigenous medicine, a woman (fairy) in the form of India was shown pouring nectar to the world. This again reflects the way contemporary nationalism left its footprints on the advertisements where *Arogyata Kee Devi* was supposed to free the world from diseases and lead it to independence. Similarly, advertisement of *Piyush Ratnakar* shows the image of an English gentleman with an obese belly trying to communicate the benefits of a 'single medicine for eighty types of diseases'.

These advertisements show that not only Europeans were incorporating signs and symbols from local Indian culture but Indian entrepreneurs were also using western signs and symbols and assimilating them with traditional phrases and signs to reach out to the Indian audience. In order to expand their market, Indigenous entrepreneurs distributed calendars free of cost. These calendars had photographs or paintings of eminent Indian personalities, gods and goddesses showing the address of manufacturers or distributors and even chemists. Sometimes indigenous manufacturers also published religious booklets such as *Ramayana* or *Hanuman Chalisa* to advertise their products.[101] These booklets appealed to the Indian people because of everyone's familiarly with the *Ramayana* and the monkey God, *Hanuman*. A postcard dated 1905 shows the advertisement of Ayurvedic oil for rheumatism and a painting of *Urvashi* by Raja Ravi Varma.[102] Both images and the advertisement complimented each other and it is understood that it is inherent in the notion of *Swadeshi* in the form of indigenization of medicine or the drawing as the time demands.

Thus, the indigenous drug manufacturers were trying to compete with the European products by adopting the same infrastructure of communication to create a consumer for their health product by generating the perception of universal panacea. They were also creating the space for their product by arousing the religious or national sentiments by using local codes and religious symbols.

Invading Private Space: Aphrodisiacs and Contraceptives

Male virility is one of the important features of the society. Classical texts widely described male potency and therapy to enhance it.[103] During the twentieth century medical market was flooded with the manufacturers and sellers of aphrodisiacs. Advertisements were effective in the promotion and sale of aphrodisiacs. Nearly every Indian newspaper carried daily advertisements about various *churans* and potions that promise male potency and assured a male offspring.[104] With the onset of these advertisements they 'invaded everything' – both 'public space' and 'private space' and Indian entrepreneurs equally participated in it competing with the European entrepreneurs. Indigenous medicine practitioners prepared Ayurvedic medicine for vigour and vitality for men and to promote its sale also advertised their products with the help of different kinds of idioms and phrases. Haridas and Company while advertising his product gave a very catchy phrase "*mat kaho ki angoor khatte hain kyonki un tak pahunch nahi sakte*" [don't say grapes are sour if you can't reach up to them], metaphorically showing one's inability to perform sex because of weakness. Identifying the real human needs – 'problems of death, loneliness, frustration, the need for identity and respect', these advertisers in response offered the illusory satisfaction through the medium of their products. In the following advertisement, the advertiser by using the phrase *'jadoo sa asar'* claimed that their products have a magical effect in providing the ultimate satisfaction of human desires. This kind of advertisements clearly show that advertisers, thumping the physical desire of their clientele, tried to present their products as the 'real sources' of satisfaction. The advertisers not only did this but also emphatically claimed that the use of these products would bring a radical change in their way of life.

> *… mat kaho ki jeevan niraanand haikyonki uska such bhog nahi sakte … aankhe khol ke dava dhoodhon. Tila no. 1- jaadoo sa asar karega. Yeh nason ki kharabi aur guptendriyon ki shisiltha ko door karne ki amogh marham hai. Indriyon mein kafi sakhti aur teji lata hai. Keemat fee sheeshe 15 rupaye, garibon ke liye aadhi keemat-7 rupaye. Saath mein sandipan vati ya navdhatu rogant churan ka sevan sone mein sugandh bhar dega … .*
>
> Haridas and Company, Mathura.[105]

> … don't say life is boring because you can't enjoy it…search for medicine with open eyes. Medicine (Tila no.1) will do magic. This is proven for removing the problems of the veins and the weakness of sex

> organs. It brings strength and vigour in organs. Price per bottle is rupees 15; half price for the poor .... Sandipan Vati or navdhatu rogant churan along with this adds essence in the gold ....
>
> Haridas and Company, Mathura.

Dr S. C. Verma, Dr Gautam Rao Keshav and Dr Vaman Gopal also advertised their medicine for health and vitality in men.[106] The advertisements of aphrodisiac mainly incorporated the Sanskrit words *virya* and *vajin* for 'virility' and 'potency'. *Virya* was often glossed by the advertisers as *sukra* and *vajin* as an adjective meant 'heroic' or 'manly'.[107] Advertisers for Aphrodisiacs used to draw analogies from the animal world such as *vajin*, *gaja*, *cataka* and *vrsa*, which were commonly referred to in Indian classic literature *Charak Samhita* and *Sushruta Samhita*.[108] For instance, Jumna Coal Trading Company claimed the same thing in the advertisement of aphrodisiacs named as *Takat Bahar Goliyan* [Energy-Giving Pills] (See Figure 4.5). The advertisement depicts a strong muscled man holding two lions in each hand.[109]

The aphrodisiac advertisement by using these animal analogies claimed that their preparations were meant for enhancing youthfulness, strength, sexual arousal, good complexion and a strong voice, physical dimensions, erectile function production and inexhaustible semen. Charu Gupta in her book wrote that these advertisements along with celebrating male sexuality can also be viewed as desperate attempts to allay fears of effeminacy and impotence.[110] According to her, a lion was recognized as a symbol of British masculinity, was frequently used in aphrodisiac advertisements, where animal's subjugation (lion) by the virile Indian male was portrayed.[111] It also appeared that advertisers intervened in the private space by focusing only on male desire ignoring female sexuality and desires.

During the mid-1930s, the popular press eagerly took up the contraceptive issue, and contraceptive knowledge was circulated through the vernacular newspapers. Contraceptive methods, contraceptive and technological innovations also found their space in vernaculars and were promoted exclusively by the print media through advertisements.

> *Santan nigrah kee dava: ... Is dava ka upyog karte samay stree sahvas ki manayee nahi hai ... garbh nirodh ki yeh ramban hai ... mulya chah maheene ki khurak 1 rupaya 12 aana ...*
>
> Anglo-Ayurvedic Home, 170, Maniktola Street, Calcutta.[112]



Figure 4.5: Advertisement of Aphrodisiacs *Takat Bahar Goliyan* by Jumna Coal Trading Company

Source: Advertisement of Takat Bahar Goliyan [Energy Giving Pills], Maryada, 10, 2, August 1915.

> "... sex or intercourse is not restricted during the consumption of this medicine ... price for six month course is I rupee 12 anna ..." Advertisement of birth control pills, "Santan Nigrah Kee Dava".

Not only pills but condoms also find space in advertisements for birth control in vernacular newspapers. *Abhyudaya* shows the advertisement of condoms in the following manner in one of its issue on birth control

> *… saal dar saal bacche janne se streeyan bahut kamjor ho jati hain. Unki sundarta aur yovan nast ho jaata hai … purushon ke liye aamdani kam hone lagti hai jis ke karan parivar ka kharch chlana bhi mushkil ho jata hai. Santan kee jyadati rokne ke liye aap hamse rubber ke bane hue yantra magayen aur sukhmaye jeevan vyateet karen … magarmachh ke chamre ke bane hue badhiya yantra … prati darjan chah rupaye aath aana … dak kharch alag. Note- teen se kam yantra na bheje jayenge, pata.*
>
> Central Trading Company, No. 607, Jullundur City.[113]

> … giving birth to babies year after year women's bodies weakens … their beauty and youth is lost … men lost their income due to which they were unable to bear the family expenses. To stop the children's excessiveness you purchase an instrument made up of rubber and lead a happy life … made up of crocodile's leather … per dozen costs six rupees and eight annas … post charge extra … Advertisement of Condom.

Here, it is found that in order to sell their contraceptive devices, Central Trading Company used a pedagogical approach. Sexual pleasure with no more anxieties of pregnancy replaced the concept of *Brahmacharya* or in other words the traditional value of *Brahmacharya* was replaced by the idea of pleasure without procreation.[114]

Concluding Remarks

Medical entrepreneurship in Banaras transformed with the changing world scenario. On one hand, it gave way to the people who were not related to health or medicine and on the other hand it also tapped the services of peddlers and peripatetic communities involved in this business. 'Modern' nature of medical entrepreneurship did not completely replace the pre-existing mode of trade of medicine. In fact, people involved in the pre-existing mode adapted and adopted new means in order to situate themselves in the changing market. Thus, a complex web of medical entrepreneurship developed which exhibited plurality and multiplicity in many ways. Various types of medicines such as, Unani, Ayurvedic and Allopathic were available. Europeans and Indians were involved in the business at different levels in the form of manufacturer, supplier and distributor, wholesaler and retailer. Sometimes they would limit themselves to one specific item and

othertimes they used to sell a whole range of products of different companies. There was a constant struggle at various levels in order to capture the market and to reach out as wide as possible. The Banarsis drug entrepreneurs to face the ongoing competition with their European counterparts and to fulfill the need of consumers in terms of authenticity and reliability of their products, adopted new techniques, strategies and legal structure. In this on-going fight for the clientele and market, postal services, print media and advertisement technology emerged as a better means of communication and also helped in the integration of markets.

In the realm of entrepreneurship in medicine, advertisements were an advanced strategy used by the Europeans drug entrepreneurs to create consumers for their products and Indians also adopted the same kind of communication infrastructure and marketing strategies to fight the ongoing competition to capture the clientele market. The analysis shows how western medical products were gradually penetrating within the masses through their maximum coverage in the vernacular newspapers and journals. Various issues of *Abhyudaya* show the maximum coverage of European medicines and health products marketed by the Europeans. In the 1940's, advertisement of European medicines ranged between 70–80 per cent of a page, as for example advertisement of Aspro covered two full pages.[115] This certainly shows that advertisers of western medicines were able to spend a huge amount of money whereas indigenous advertisers were not able to compete with them. This enabled the western products to dominate the advertising market, and in turn increased the sale of their products.[116] Looking at some of the advertisements of European products, one might conclude that they (British) took for granted that the British way of child rearing or medical practices and knowledge was the superior form and they were providing them at a cheaper cost. Their advertisements suggested that the qualities of mind and body, the knowledge associated with British hegemony in India was potentially available to others as well. They also drew upon comforting images of traditional healing practices and ingredients, and reframed them within a worldview which took rapid changes of the colonial experience into account.

Bode in his study looks at the syncretic ways in which Ayurvedic and Unani pharmaceuticals were marketed in India. Indigenous medicine is usually characterized as representative of tradition' and as inextricably linked with 'nature'. He shows that in the marketing of indigenous

products, tradition is being linked up with the 'modern' and the 'scientific', reflecting an assimilation of science and culture.[117] However, this was not only the strategy of indigenous entrepreneurs. European entrepreneurs were also linking tradition with their (so-called) 'modern' and the 'scientific' products. This was most poignantly expressed in the advertising image of a Hindu god *Krishna's Kaliya Mardan* episode. Indian consumers easily recognized particular images of Indian culture, traditional values and nature used in the advertisements. These indigenous and western products were promoted alongside those of western/Indian culture, science and efficiency, creating not something 'modern', but something new and contemporary. A competitive edge existed for both Europeans and Indians and both of them seem to assimilate signs and symbols from the local culture as well as from the western culture targeting Indian psychology accordingly. They mould and present their products in a more refined manner arousing the national or religious sentiments and sometimes thumping the physical desires of human beings. So 'traditional and modern medical forms were creatively rearranged in the Indian context' to reach out to the Indian consumers keeping in view the socio-political demands. Consumption of the product and adoption of common infrastructure, signs and symbols by the advertisers acted as a bridge between the ruler and the ruled since both were trying to assimilate 'tradition' and 'modernity' to represent their 'superiority' over the other. These advertisements reflect the complexities in the society where both Indian and European entrepreneurs were fighting for market space. The entrepreneurs were mainly concerned with health issues of the upper strata of the society; for example baby food, health tonic and so on. They were not sensitive towards health or health hazards of the masses that mainly affect the poor, that is, there was not a single advertisement about cholera, plague or other epidemics. Thus, advertisements, brought out issues of health to the public domain. Issues related to sex and sexuality holds phalocentric discourse. Advertisement became a necessity because the old patronage system declined in the colonial India for indigenous practitioners. Indian entrepreneurs depended on advertisements and sometimes drew legitimacy from notable colonial officials or renowned household physicians. At the same time, both invoked the past in order to negotiate the medical market of the 'present'.

The impact of advertisement over the consumer can be further modified to see the people's response towards these products. A couplet by Akbar Allahabadi to highlight the reaction of one section of society towards the marketed/packaged health food/ medical products given in the opening paragraph of Introduction can be cited to delineate this point.[118]

Notes

1. K. C. Chunekar, *Ayurvedic Education with Special Reference to Dravyaguna*, Dr P. M. Mehta Memorial Oration: Lecture Delivered on the eve of inauguration of Golden Jubilee Year Celebrations of Institute for P.G. T. & R. A., of 'Gujrat Ayurveda University', 20 July 2005.
2. Neeladhari Bhattacharcharya gives example of *Labanas*. The name was derived from *lun* (salt) and *bana* (trade). Neeladhari Bhattacharya, "Predicaments of Mobility: Peddlers and Itinerants in the Nineteenth-century Northwestern India," in Caude Markovits, Jacques Pouchepadass and Sanjay Subrahmanyam (eds.), *Society and Circulation: Mobile People and Itinerant Cultures in South Asia 1750–1950*, Delhi, Permanent Black, 2003, p. 167; Similarly Mridula Ramanna in her book describes five types of drug vendors prevalent in India: 'gandhee', 'gandhee' 'prescriber', itenerant drug vendors, 'jateli' or 'khakee'and 'thakoor'. Mridula Ramanna, *Western Medicine and Public Health in Colonial Bombay: 1845–1895*, New Delhi, Orient Longman, 2002, p. 43.
3. *Ayurvedic Education with Special Reference to Dravyaguna*.
4. P. K. Sanyal gave a reference of a young Scotsman named Bathegate who opened the first chemist shop in Calcutta in 1811. He used to supply medicines by horse driven cart, which was the only means of transport during that period. In 1910 Bathgate owned a manufacturing firm. Tinctures and spirits were the major products of his firm. Later on Surgeon J. Robinson and Dr James Williamson's in 1821 had started a small apothecary's shop. In 1826 Dr Johnsmith bought the shop. In 1844 Dr Thomas Stanistreet became partner and this shop turned into a company named as 'Smith Stanistreet and Company'. In 1918 it was converted into a public limited company. P. K. Sanyal, *A Story of Medicine and Pharmacy in India: Pharmacy 2000 Years Ago and After etc.*, Calcutta, Amitabh Sanyal, 1964, pp. 133–35.
5. Those who practised western medicine were known as doctors. It consists of MD's and MB's, fellows and members of the Royal College of Surgeons and Physicians, graduates and licentiates of medical schools and colleges of recognized universities.
6. The unqualified practitioners included those who had failed their college, apothecary or 'native' medical pupil class examinations, and compounders who had been dismissed or resigned from service and had set-up medicine shops. These practitioners fared better than qualified counterparts. To attract their clientele they put catchy and trendy phrases in their signboards or advertisements in the form of wall writings or pamphlets which passed off as qualified men, the 'ignorant and illiterate' flocking to them for western

medicines because their charges were lower. Charlatans were clerks, pensioned or employed in government offices. They possessed a book of hospital formulae or the any kind of literature comprising medicine. *Western Medicine and Public Health in Colonial Bombay*, p. 43.

7. Ibid.
8. There were regular advertisements of these shops in the various issues of Hindi newspapers *Aaj*, *Bharat Jiwan* and *Abhyudaya*.
9. Interview Shree Yogesh Chaturvedi, third son of Shree Kaladhar Prasad Chaturvedi, around 50 years old. He is owner of one shop at Bulanala. November 2008.
10. Shree Gajadhar Prasad Chaturvedi, "Shree Kaladhar Prasad Jee: Kuch Yaadein", in Pt. Shivdutt Sharma Chaturvedi and Urmilla Chaturvedi (eds.), *Pandit Kaladhar Prasad Abhinandan Granth*, Varanasi, Pandit Kaladhar Prasad Chaturvedi Abhinandan Samiti,1980, pp. 6–7.
11. Ibid., p. 7.
12. Gangaprasad Sen also introduced fixed consultation fees like Allopathic practitioners and in the same way started selling medicines at fixed rates. Following the example of Gangaprasad Sen several Ayurvedic drugs manufacturing companies were established in Bengal and other places in India. N. N. Sen and Company had started producing medicines on a large scale in 1884, Chandra Kishore Sen's Firm, C. K. Sen and Company in 1898 and Sakti Aushadhalaya of Dacca in 1901. Brahmanand Gupta, "Indigenous Medicine in Nineteenth and Twentieth–Century Bengal", in Charles Leslie (ed.) *Asian Medical System: A Comparative Study*, California, California University Press, 1977, p. 372; P. S. Varier was the first to start processing Ayurvedic medicine in Kerala, and it was the first company to prepare aqueous extractions and packing them in bottles. Gita Krishnankutty, *A Life of Healing: A Biography of Vaidyaratnam P. S. Varier*, New Delhi, Viking, 2001, p. 52.
13. Gauri Shankar Gupta, "Umaidilal Vaishya", in Surendra Bhargav and Vishwanath Bharadwaj (eds.), *Shree Sarvajanik Pustakalaya Tatha Vachnalaya: Hirak Jayanti Smriti-Granth (1912–99)*, Varanasi, Bhargav Bhushan Press, 2001, p. 116.
14. Gaurishankar Gupta, "Ayurveda Aur Varanasi", *Uttar Pradesh: Kashi Ank Parishthank*, 12, 1, June 1983, p. 45.
15. "Umaidilal Vaishya" p. 116.
16. Letter head of *Kashi Rasshaala* on the top indicates the year of establishment. Dr Sashikant Dixit, son of Brajmohan Dixit in his interview also gave the reference about the establishment of *Rasshaala*, 2 December 2005; Ayurvedratnakar Brajmohan Dixit, *Svasthya*, Varanasi, Sashikant Dixit, 1990.
17. '*Swasthya Vardhak* Pharmacy (P) Ltd.', *Therapeutic Index,* inaugural edition, 2004.
18. Emphasis added, *Abhyudaya*, 15 May 1939, p. 16.
19. The attraction of a universal panacea are – one cure for every illness and inexpensive medicine.
20. Advertisement titled "Muft Ilaj" and "Vaidya Vidya Muft Hee", *Abhyudaya*, April 1913, p. 9.
21. Charu Gupta, "Procreation and Pleasure: Writings of a Woman Ayurvedic Practitioner in Colonial North India," *Studies in History*, 21, 1, n.s. 2005, pp. 26–27.

22. Ibid.
23. Interviewed Govind Ram Bhargav, decendants of Ganesh Prasad Bhargav, 29 November 2008.
24. "Distributors and sellers were remunerated handsomely", Advertisement of "Pushtrajvatika" and "Piyushratnakar", *Abhyudaya*, 18 February 1912, pp. 7–8.
25. Interviewed Dr Ravi Agarwal, Chief Medical Officer at Birla Hospital, Machhodary Park, Varanasi and descendant of Shyam Sundar Vaishya, 30 November 2005.
26. Claude Markovits, "Merchant Circulation in South Asia, Eighteenth to Twentieth Centuries: The Rise of Pan-Indian Networks", in *Society and Circulation*, pp. 131–62.
27. Advertisement of 'Spectacles,' *Aaj*, 16 July 1921, p. 8.
28. Dr Rajendra Lal Dutta was a distinguished Bengali educator and practitioner of Homeopathy in Bengal. He was a perfect stranger and settled down in the city by accident "as people curiously adopted his system without knowing what it was". Anil Kumar, *Medicine and The Raj: British Medical Policy in India, 1835–1911*, New Delhi, Sage Publications, 1998, p. 65.
29. M. C. Bhattacharya was born in 1858 in an ordinary Brahmin family at the village Bitghar of Comilla, now in Bangaladesh. He started practicing in homeopathy in 1889 in the name of "Homeopathic stores" at College Street, Calcutta that was shifted to Bonfeilds Lane in 1896 with a changed name "Economic Pharmacy" and subsequently it was shifted to 73, Netaji Subhas Road with the name M. Bhattacharya & Co. in 1915. Centenary Year 1889–1989, *A Privacy Of Glorious Life is Thine: Mahesh Chandra Bhattacharya*, Calcutta, M. Bhattacharya & Co., 1989.
30. Ibid.
31. Ibid.
32. M. Bhattacharya founded *Harsundari Dharamsala* at Varanasi (named after his wife). He passed away in 1944 at Varanasi. Ibid.
33. *Kashi Ayurveda Sammilani Patrika*, 'Editorial', 1925.
34. Pandit Ram Lagan Pandey Vishaarad, *Vaidyak Sangrah*, Benares City, Babu Thakur Prasad Bookseller, 1936, p. 43.
35. Ayurvedratnakar Brajmohan Dixit, *Svasthya*, Varanasi, Sashikant Dixit, reprint 1990, p. 240.
36. *Saraswati*, 24, 2, 1, 1923, pp. 4–9.
37. "Ayurveda Aur Varanasi", p. 45.
38. Ibid.
39. Kidgen Gripe Water

	Sanskrit/common name	Botanical/English name	part	ratio
1.	saunf	*Foeniculum vulgare*	sd.	10
2.	vidang	*Embelia ribes*	fr.	5
3.	amaltas	*Cassia fistula*	fr.	5
4.	haritaki	*Terminalia chebula*	fr.	12
5.	ajwain	*Ptychotis ajowan*	fr	15
6.	gulab	*Rosa centifolia*	fl.	10
7.	jal	water		536
8.	shesh jal	reduced water		356

	Sanskrit/common name	Botanical/English name	part	ratio
9.	shuddha tankan	sodium biborate		4
10.	sarkara	sugar		107

Indications: useful for the child at the time of teething, abdominal pain, and loss of appetite etc.; dosage 2ml to 4ml twice daily or as directed by the physician; *Swasthya Vardhak Pharmacy* (P) Ltd., *Therapeutic Index,* inaugural edition: 2004, pp. 405–06.

40. K. N. Udapa (ed.), *Two Decades of Progress of Medical Education and Service in Institute of Medical Sciences*, Special Issue, Varanasi, Banaras Hindu University Press, 1980, p. 186.
41. Ibid.
42. Rasayanacharya Kaviraj Pratap Singh, *Nikhil Bharatvarshiya Ayurved Mahamandal Ka Rajat Jayanti Granth,* Vol. 1, Benares city, Mahashakti Press, December 1935, pp. 470–74.
43. Advertisement of Shandilyakuti, *Ayurved Pracharak-Sachitra Vaidyak Masik Patra,* 7, I, September 1934.
44. "Indian Punch" (Badaun), 4 September 1906, in *Selections from the Vernacular Newspapers of the North Western Provinces*, p. 592.
45. Sulaimani Akhbar (Benares), 13 August 1907, in *Selections from the Vernacular Newspapers of the North Western Provinces*, p. 980.
46. Interviewed Govind Ram Bhargav, descendants of Ganesh Prasad Bhargav, 29 November 2005.
47. Ibid.
48. According to the 'Indian Patents and Design Act' of 1911, the purpose of the patent was to provide an incentive to the inventor so as to promote inventive activity and commercialization of invention. An invention may be defined as the idea of making a new and useful article, method or substance. *Manual of Office Procedure of the Patents Branch of Department of Revenue and Agriculture*, Calcutta, Superitendent of Government Printing, 1898, pp. 4–5.
49. Education, Sanitary-B, No. 5, July 1919, (all manuscripts are from National Archives of India unless otherwise stated).
50. *Patent Office Journal*, 1919, Calcutta, 1920, p. 109; Similarly, B.A.L. Achari, Veer Bhadranjan, king of Indian pain balms, applied to get their balm patent through App. No. 11862, 30 November 1925. Ibid., 1926, p. 194.
51. Some of the application forwarded by Harishankar was – (1) Lens lifting forceps for surgical use 2 claims, 1 sheet of drawing, sealed 7 June1917, App. No. 2880; (2) Lid elevator for surgical use, sealed 13 September 1917; hook device used for upper eyelid, App. No. 2997; folding eye speculum, sealed 2 August 1917, App. No. 2962; lower lid retractor for surgical use, sealed 13 September 1917; hook on thumb clip used for lower eyelid, App. No. 3027; operating eye speculum for surgical use. 2 claims, 1 sheet of drawing, accepted 17 September 1918 App. No. 3056; upper lid lift for surgical use, 2 claims. 1 sheet of drawing, accepted 17 September, for eye operations App. No. 3059; lens lifting forceps, for surgical use, accepted 26 November 1917, App. No. 3113; upper lid lift for surgical use, accepted, 17 September 1917, for eye operation, App. 3179 all cited in *Patent Office Journal* of respective years.
52. Ibid., p. 97.

53. Advertisement of "Shandilyakuti", *Ayurved Pracharak–Sachitra Vaidyak Masik Patra*, I, 7, September 1934.
54. David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*, Delhi, Oxford University Press, 1993; Poonam Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective*, New Delhi, Sage Publications, 1991; Anil Kumar, *Medicine and the Raj: British Medical Policy in India, 1835–1911*, New Delhi, Sage Publications, 1998.
55. Charles Leslie, "The Ambiguities of Medical Revivalism in Modern India", in Charles Leslie (ed.), *Asian Medical Systems: A Comparative Study*, 1977, pp. 356–67.
56. N.N. Pillai, *Press Advertising Today – A Study of Trends*, New Delhi, IIMC, 1974; John B. Thompson, *Ideology and Modern Culture: Critical Social Theory in the Era of Mass Communication*, Oxford, Polity Press, 1990. Dileep Padgaonkar (ed.), *Brand New: Advertising through the Times of India*, Faridabad, The Times Sesquicentennial Publications, 1989.
57. Ibid.
58. *Abhyudaya* was known as the 'mouth piece' of Madan Mohan Malaviya. In 1909 Krishan Kant Malaviya became the editor and in 1930 he was succeeded by Padam Kant Malaviya. The paper was weekly, sometimes bi-weekly and even daily. It was also published as an illustrated Hindi weekly for a short time. The publication of *Abhyudaya* continued, with a few gaps till February 1948, Sitaram Chaturvedi, *Builders of Modern India Series: Madan Mohan Malaviya*, New Delhi, Publication Division, 1996, p. 27.
59. *The Times of India*, the oldest continuing English daily in India, was started as the Bombay Times and Journal of Commerce on November 3, 1838, as a bi-weekly published on Saturday and Wednesday mornings. The eight page, four column newspaper was more like a bulletin with shipping notices, advertisements of local sales and other commercial news. *Brand New.*
    The Association of Medical women in India (hereafter AMWI) was founded in February 1908 with 124 'fully qualified' medical women as its member. Main objective of this association was to expand the medical work amongst women in India, to keep members in touch with one another and to bind all those interested in women's medical work. This journal was the only medical journal owned by women medical practitioners and it discussed only women related health problems. The first volume of the Journal published by this association *Journal of Association of Medical Women in India* (hereafter *JAMWI*) had no content and advertisement. It simply starts with an editorial section following the reports of AMWI. It highlighted and discussed few medical cases related to women and had also published the letters addressed to the editor regarding various medical issues. *JAMWI*, 1, 5, February 1909, p.1.
60. Meenakshi Gigi Durham and Douglas M. Kellner, "Adventures in Media and Cultural Studies: Introducing the Key Works" in Durham and Kellner (eds.), *Media and Cultural Studies Key Works*, Oxford, Blackwell Publishers, 2001.
61. I have drawn substantially in this section upon D. Padgaonkar's interesting introduction to *Brand New*, 1989.
62. Ibid.
63. Advertisements of *Amritvatika*, *Pandit Shivaram Pande Vaidya Kee Jwar Vati*, *Himtail* and *Mushki Tambakoo* etc. in various issues of *Abhyudaya*.

64. Advertisements, being one of the main sources of revenue, occupy a substantial proportion of the space in newspapers. Pillai in his study shows that the advertisements space during 1947–51 constitutes about 40 per cent of the total space. *Press Advertising Today*.
65. *The Times of India*, September 25, 1854, cited in *Brand New*, 1989, p. 186.
66. *The Times of India*, January 29, 1858. Ibid.
67. *The Times of India*, advertisement of Aprols & steel pills, February 9, 1901. Ibid.
68. Eno's Fruit Salt was a sort of salt preparation meant for digestion, *The Times of India*, August 20, 1880. Ibid.
69. *The Times of India*, January 9, 1888; at the turn of the century it was Phospherine (1906) and after World War I it was Waterbury's Compound (1930). Ibid., p. 186.
70. Advertisement of Virol. Its advertisement reveals that 40 million prescribed portions of Virol were given in 3000 hospitals and dispensaries during 1924, *JAMWI*, XIII, 1, February 1925, p. 4.
71. Advertisement of Ovaltine in various issues of *JAMWI*, 1911–1938.
72. As for instance, Colgate became synonymous to toothpaste, sunlight to washing soap and Dalda for vanaspathi ghee or hydrogenated oil.
73. Advertisement of Aspirin in various issues of *Abhyudaya* and *The Times of India*.
74. Advertisements of these products were given in the various issues of vernacular newspaper *Abhyudaya*. 'Sequarine' health tonic was marketed by Messers Camp & Co. Ltd.
75. Advertisement of Glaxo-milk food, *Abhyudaya*, September 14, 1929, p. 5.
76. Popular art is also known as calendar art because it was widely circulated in the form of calendars. Erwin Neumayer and Christine Schelberger, *Popular Indian Art: Raja Ravi Varma and the Printed Gods of India*, New Delhi, Oxford University Press, 2003.
77. Here colonizing is not used in Arnold's sense that is forced control over body or mind (See David Arnold, *Colonizing the Body: State Medicine and Epidemic Diseases in Nineteenth Century India*, Delhi, Oxford University Press, 1993. Here colonizing means reading the mind and working accordingly, here it does not represent a forced action.
78. Advertisement of Glaxo-Milk Food, *Abhyudaya*, September 14, 1929, p. 5.
79. Shri P. N. Sushil, "Sharirik Avayon Ke Parivartan Se Garbh Kee Pehchan", *Abhyudaya*, 16 April 1931, p. 21; Shrimati Gayavanti Devi Verma, "Mahilaon Ka Sharirik Patan," *Abhyudaya*, 14 May 1931, p. 11; Srimati Indira Devi Shastrini, "Streeyon Ka Swasthaya," *Abhyudaya*, 25 October 1935, pp. 8–9; Srimati Hemant Kumari Devi, "Mahilaon Kee Swasthaya Raksh Ke Liye Aavashyak Upaye", *Abhyudaya*, 30 November 1936, p. 21; Kaviraj Sri Brijnandan Malaviya, "Stan Kee Raksha Aur Upay", *Abhyudaya,* 9 November 1936, p. 16.
80. Emphasis added. Although women consumers were attracted to the advertisement but during that time frame, men had purchasing authority and he only used to buy house hold things that is why the word 'he' is used here to show the feeling of a buyer.
81. Even today consumers go by English brands.
82. For debates on purity see Neshat Quaiser, "Politics, Culture and Colonialism: Unani's Debate with Doctory", in Harrison and Pati (eds.), *Health Medicine*

and Empire: Perspectives on Colonial India, New Delhi, Orient Longman, 2001, pp. 317–55.

83. Editorial, *Abhyudaya*, 1 October 1909.
84. Advertisements of these products were given in the various issues of vernacular newspaper *Abhyudaya*. 'Sequarine' health tonic was marketed by Messers Camp & Co. Ltd.
85. Woodwards gripe water keeps babies healthy; Oleograph, c.1930 taken from *Popular Indian Art*, p. 96.
86. The image used for advertisement does not always complement to the logo/symbol of the firm. Sometimes there were mixed and sometimes contradictory messages as well. This can be further explored. At present I am unable to provide examples of mixed and contradictory messages of advertisements.
87. Marten Bode, "Indian Indigenous Pharmaceuticals: Tradition, Modernity and Nature" in Waltraud Ernst (ed.), *Plural Medicine, Tradition and Modernity, 1800–2000*, London and New York, Routledge, 2002, p. 189.
88. Advertisement of Sequarine, *Abhyudaya*, April 12, 1913; indigenous terms used for universal panacea is discussed in separate section of this chapter.
89. Anil Kumar, "Indian Drug Industry under the Raj", in Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859–1914,* Cambridge, Cambridge University Press, 1994, p. 374.
90. Vishwanath Mukherjee, *Bana Rahe Banaras*, Varanasi, Vishwavidyalaya Prakashan, 1958, p. 12.
91. Ibid., all translations are mine unless otherwise stated.
92. … my medicine number one takes money twice … . Ibid. (*sar jo tera chakraye).* This reference reminds me about the oral advertising culture as shown in an Indian cinema *Pyasa*, directed by Guru Dutt, in 1950s in the form of a song – *sar jo tera chakraye…lakh marj kee ek dava hai kyun na ajmaye… .*
93. "Kushta Rog", *Abhyudaya*, 1906, p. 7.
94. "the usage of this medicine for past 75 years had benefited lakhs of people…", *Abhyudaya*, 25 December, 1930 p. 4.
95. Advertisement of "Pushtrajvatika" and "Piyushratnakar", *Abhyudaya*, 18 February 1912, pp. 7–8; Bode in his work reflects the association of the past by Dabur, Zandu and Hamdard in their advertisements in order to legitimize their products. "Indian Indigenous Pharmaceuticals" p. 192.
96. "… Distributors and sellers were remunerated handsomely … ." in Ibid.
97. Advertisement titled "Muft Ilaj" and "Vaidya Vidya Muft Hee", *Abhyudaya*, April 1913, p. 9.
98. Advertisement of Ayurvedic preparation "Pransanjeevani", *Abhyudaya*, 18 February, 1912, p. 8.
99. Sumathi Ramaswamy in her article focuses on the national longing for cartographic form by exploring the deployment of globes, maps and bodyscapes in patriotic visual practices in colonial and postcolonial India. She showed the varied forms of representation of globe during twentieth century. The modern map enables the citizen subject to take 'visual and conceptual possession of the nation space that he inhabits. Sumathi Ramaswamy, "Visualizing India's Geo-Body: Globes, Maps, Bodyscapes", in Sumathi Ramaswamy (ed.), *Beyond Appearances? Visual Practices and Ideologies in Modern*

India, New Delhi, Sage Publications, 2003, pp. 151–90; also see Kajri Jain, "New Visual Technologies in the Bazaar: Reterritorialization of the Sacred in Popular Print Culture" *Sarai Reader 2003: Shaping Technologies*, http://www.sarai.net.

100. Ibid., pp. 155–56.
101. Advertisement of Pushtarajvatika also notified the publication of "natak Ramayana" along with photos in the form of lore's , *Abhyudaya*, 18 February 1912, p. 7.
102. Urvashi on postcard, 1905. For analysis only picture is taken from *Popular Indian Art*, p. 52.
103. Hindu law talked about *kam* to bear progeny as one of the important duty of life along with *artha* livelihood and performing prayers to attain *moksha*. Male virility was appreciated in the classical text. Charaka and Sushruta *Samihitas* gave many recipes and methods to enhance male virility. Kenneth G. Zysk, "Potency Therapy in Classical Indian Medicine", *Asian Medicine, Tradition and Modernity*, 1, 1, 2005.
104. These trends still exist in India specially potency clinics, and virility specialists are found in almost every city, town and village. Even today male potency is a thriving industry in India, Ibid.
105. An advertisement of ayurvedic medicine for vigour and vitality in vernacular newspaper, *Abhyudaya*, 15 May 1939, p. 16.
106. Advertisement of various medicines for health and vitality in men. It's not clear in these advertisements that these doctors were actually allopathic practitioners. Doctor S. C. Verma *kee gunkari patent davayen: tanikam–duble aur sukhe sarir ko gulab ke saman banata hai, har prakar kee kamjori duur karta hai … tanikam ka dravya vyavahar Karen …* Abhyudaya, 7 September 1930, p.4; Doctor Vaman Gopal *Ka Sarsaparilla- … kisee bhi karan se bigde hue rakt ko sudhar kar sharir mein sudha rakt ka sanchar karta hai … Abhyudaya*, 25 December 1930, p. 4; Doctor Gautam Rao Keshav *Ki Dhatu, rakt mano utsah aur shakti vardhak paushtik*-phosphorus pills, Allahabad, *Abhyudaya*, 25 December 1930, p. 4.
107. "Potency Therapy in Classical Indian Medicine", p. 106.
108. Ibid., pp. 106–07.
109. Advertisement of "Takat Bahar Goliyan", *Maryada,* 10, 2, August 1915.
110. Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims, and The Hindu Public in Colonial India*, New Delhi, Permanent Black 2001, p. 79.
111. Ibid.
112. *Abhyudaya*, 23 July 1934, p. 30.
113. *Abhyudaya*, 8th January 1940, p. 9.
114. See chapter 2 for debates on *Brahmacharya*.
115. Advertisement of Aspro, *Abhyudaya*, 5 February 1940, p. 18. It was marketed by J. L. Morrison Son & Johns (India) Ltd.
116. This financial clout and constraint among Indian drugs entrepreneur needs detailed study. At this stage the auhor is unable to analyze this.
117. "Indian Indigenous Pharmaceuticals".
118. See note no. 1 of Introduction.

Conclusion



Figure 1: A postcard from Thackray Medical Museum, Leeds, UK, dated 1920s with the advertisement of Beecham's Pills

Source: A Postcard with the Advertisement of Beecham Pills from Thackray Medical Museum, Leeds, UK, 1920s.

The advertisement (Figure 1) cited is an example of the marketing strategy that Beecham's adopted in their struggle for national and

international medical market. It depicts the political shifts taking place in the global scenario, where in order to overrule the global market, Beecham's uses national symbols to arouse national sentiments. To generate English sensibilities and nationalism, the advertiser used a picture of Union Jack along with a phrase "The National Flag and the National Medicine" in its advertisement.[1]

One also finds that how under the guise of Patent as authentic, many 'Patent Medicines' were produced on a large scale and had brand names. Manufacturers claimed that these medicines/remedies could cure many diseases. A record highlighted in the Thackray Medical Museum shows that Thomas Beecham's Pills contained aloes (a strong laxative), ginger and soap. In the 1890s, six million boxes a year were sold. These were so popular among all classes that Halifax doctor, namely, Frederick Smith Garlick, once exclaimed, "England is a place for 'pills' and Englishmen are the dupes that swallow them!"[2]

In the backdrop of global scenario, one sees the impact of the *Swadeshi* Movement in the medical advertisements, which epitomizes broader political shifts over the 1905 and post-1905 period in colonial India. Thus, in context of fight for medical market during colonial times in India, this book grew out of certain queries. Did the Indian medicine perish due to 'the greater importance attached to Western medicine introduced in this country during the British rule'? Colonial medicine in nineteenth century India developed through the process of 'appropriation, subordination and denigration'. What were the reasons for the ascendancy of Western medical sciences over indigenous medical systems? Was only 'official' patronage responsible for this dominance or did it derive strength from points of support within Indian society?

Analysis shows that the medical profession fenced at various levels was diluted with resistance and negotiation. In their struggle for professional standing, the associations of indigenous medicine practitioners formed various political alliances of various permutations and combinations and simultaneously tried to gain public opinion in their support. Defending quacks and quackery and mediating with the Government, these associations adopted various strategies, such as the award of titles and honours to give equal status to the Indigenous medicine practitioners and presented *Dhanvantari* in various forms arousing the national or religious sentiments in order to establish their supremacy over other medical systems. Even though the Ayurvedic

Movement had internal conflicts on many issues, it succeeded and laid out its own institutions as reflected in the successful establishment of Ayurvedic College at BHU. Within the boundary of Western medicine, lines were drawn at various points, where on one hand, Indian doctors had to struggle against the exclusion from a higher post, equal salary and status with European colleagues but, on the other hand, they benefited from their *sarkari* aura of official employment. The boundary within the government service extended to other service providers. For example, *dais* and compounders could also be used in unexpected ways and were also challenged.

The general perception that Western medicine has/would have dominated the scene proved incorrect, as this study shows in detail, how despite State's patronage as well as 'natives' effort, Western medicine gained popularity. However, it did not replace the indigenous system in totality. In fact, it co-existed with other medical systems. Patronage for a particular medical practice was invested with different meanings for different social strata. For some, 'speaking for' the health of 'the public' was an assertion of civic standing. For others, the choice of a medical practitioner, technology or a product was a way of affirming 'status' in the society.

Interestingly enough, a wide gulf was created between Indigenous and Western medicine practitioners due to political intervention and 'professionalization' and certain political agendas and professional rivalries mediated conflict. But the multiplicity of the healing culture and practices also seemed to bridge the gap between the Allopathic and indigenous medical practitioners. It created competition among practitioners of different medicine and a specialist in one medical system was also dispensing medicine of the other system in order to gain access and 'control' over clientele. The pattern of patronage made by different agencies shows an interesting admixture of multiple patrons, which in turn exhibits a symbiotic correlation or rather, multiple relations between patrons and the patronized.

Following the local effort and how the 'educated' section responded, this book looked at it from three different angles viz (a) knowledge disseminated through various journals, booklets and brochures; (b) the voice of protest about the malfunctioning of the hospitals and other institutions, patronized by the British Government and (c) the indigenous way to recuperate and its glorification in a mystic Vedic past. For instance,

"the Injections or syringes used nowadays are not anything new to us… a skin piercing treatment called injection has been well described in our ayurveda… ."[3]

In their pedagogical role, they intervened in every aspect of life, ranging from simple information about anatomy or physiology to the complex debates of pleasure and procreation, and pushed the issues into the public sphere. Through an engagement with western medicine, Ayurvedic practitioners dramatically redefined themselves by adopting new medical technologies, such as the use of a stethoscope and thermometer for diagnosis, which extended their reach to the poor, low castes and women without any breach of norms of social hierarchy and *purdah* system.

While exploring entrepreneurship in medicine, the present work sought to focus on the way European and Indian drug manufacturers used communication infrastructures and marketing strategies to fight the ongoing competition, to capture the clientele market and how the advertisement, an advanced strategy, was used to create 'consumers' out of 'users'. The analysis shows that both Indians and Europeans were linking 'tradition' with 'modern' and 'scientific' products. Signs and symbols from local as well as from Western culture were assimilated targeting the Indian psyche accordingly. They moulded and presented their products according to the demand of time in a more refined manner arousing the national or religious sentiments and sometimes thumping the physical desires of the human being. 'Traditional' and 'modern' forms were rearranged in the Indian context to reach out to the Indian consumers. Similarly, as Western medicine helped in colonizing the body, mind and soul, the Indigenous medicine played its own liberating role. Nationalist fervor was invoked even in the sale of aphrodisiacs. So, nationalism was not only a pancake of the political movement, but also a share from the medical merchandising. Thus, medicine, on the one hand, seems to offer many possibilities for maintaining health and on the other, it also reflects upon a critique of colonial capitalism, where industrialization, city life and mechanization had adverse effects. For example, it was thought that many of the ills of the body such as loss in virility and weakness were caused by the modern lifestyle. Village life was idealized as a source of purity, free from pollution. The use of folk idioms by the educated class shows a conscious attempt to reach the masses. They tried to internalize the modern notions, thus securing their

space in the newly created professional arena along with their social status. It is essential to note that the encounter between indigenous and Western medicine is more reflective of the nature of political and economic power under colonial rule, rather than the actual 'medical' aspect. It reflects a 'protracted epistemological struggle', as suggested by David Arnold. In fact, the incidence of Western medicine on India was more of an implicit political dialogue. It was a strong mechanism for colonial rule. Thus, Indians were not meek receptors of Western medicine; though it got popularized with the support of State but the faith and the attitude towards the traditional medicine were difficult to budge. The encounter between Western and indigenous medicine was not only on interaction regarding diseases but also concerned medical ideas and practices. Strikingly, a number of commonalities were identified between the two approaches. Thus, medicine and medical practices during colonial period was not a dichotomous relation i.e. Indian/European, ruler/ruled, Indigenous/Western. It was multilayered morass of many strands entwined to each other with many crisscross.

Notes

1. Advertisement of Beecham's Pills on postcard. Collected from Thackray Medical Museum Library, Leeds. I am thankful to the Curator and librarian Mr Allen for showing me such a rare collection of this Library.
2. Ibid.
3. It is important to note that injecting medicine through syringes has been defined by an Aurvedic practitioner. Pandit Ramakant Tripathi, *Sachitra Injection Chikitsa Artharth Sui Kee Pichkari Duara Rogon Kee Chikitsa,* Mathura, Chetrapal Sharma-Sukhsancharak Company, 1933, pp. 2–3.

Glossary

Angrezi Dagtar	Allopathic Practitioner
Anna	Currency, 1 rupee = 16 anna
Artha	Earning
Ausadhalaya	Pharmacy
Ayurveda Pracharak	Ayurveda Publicist
Bhojpuri	Language spoken in parts of north-central and eastern India
Bhumihar/Bhabhan/ Bhuinhar	Upper caste land owning Brahmins
Biris/bidi/beedi	Thin, south-Asian cigarette filled with tobacco flakes and wrapped in a Tendu leaf, tied with a string a one end
Brahmacharya	Celibacy
Cataka	Male sparrow
Chaap	Trade mark
Chalisa	Text of Hindu prayers
Chanda	Donations
Churans	Medicated powders
Churn/churan	Medicated herbal powder
Dais	Governers
Dava	Medicine
Desi/deshi	Indigenous/local
Dhanvantari	Medical God Incarnation of Vishnu
Dharmshala	Public inn
Dhatura	Flowering plant belonging to family *Solanacea*

Dimar	Chief Minister
Doctory Chikitsa	Allopathic Treatment
Dom	Funeral attendants
Dram	Small cylindrical tubes for homeopathic Medicines
Dua	Act of supplication
Gaja	Male elephant
Griha Chikitsak	House Physician
Hakim	Practitioner of Unani Medicines
Haute	Weekly Market
Jalsa	Public Gathering
Josh	Passion or intensity
Jwar	Fever
Kaliyug	Age of Vice
Kalmegh	Herb, *Andrographis paniculata*
Kam	Sex
Khurchi	Herb, *Colubrina asiatica,* Indian snakewood
Kumbha mela	Mammoth fair where Hindu gather at Ganges river; mass Hindu pilgrimage
Mall	Product
Masurika	Small pox
Matramandir	Mothers Temple
Matramandal	Mother's Association
Mokhsa	Salvation
Mufussil	Semi-rural town
Mushaira	Urdu poetic symposium
Mushars	Community considered as low caste. They maintain their living by catching and eating rats found in open field
Namak Sulaimani	A salt preparation
Nazam	Urdu poetry
Paisa	Currency; 100 paisa = 1 rupee
Pari	Fairy
Prasadhini	Beautification
Punsaries/pansaries	Retailers of food materials
Purdah	Veil
Qasida	Form of poetry from pre-islamic Arabia
Rais/raises	Wealthy person(s)
Raisi	Nobleness
Rajput	One of the major Hindu Kshatriya warrior group of India
Rama	Mythological Hindu God

Ramayan	Sanskrit epic an important part of Hindu cannon
Rasayanshaala	Laboratory
Ryot	Peasant
Rubber	Condom
Sadhu	Mystic/an ascetic/wandering monks
Sammelans	Assembly/meeting
Santan Nigrah	Birth Control
Sarkari, Sircari	Governmental
Satyagrah	Philosophy and practice of non-violent resistance developed by Mahatma Gandhi
Sishyas	Disciple
Suddha	Pure
Sukra	Semen
Surti Ka Tail	Tobacco Oil
Swadeshi	Of one's own country
Tabib-I-Khas	Court Physician
Tehriq	Movement
Tola	Equal to one rupee coin
Toll	Learning house
Vaidya	Practitioner of Ayurvedic Medicines
Vajin	Potency, stallion
Vasak	Herb *Adhatoda zeylanica*, used for treating cold
Virya	Semen, virility
Vrsa	Bull
Vyakhyanmala	Series of Lectures
Zamindar	Landlord

Bibliography

A Bibliographical Note: Sources and Repositories

This book draws upon records and reports related to health, sanitation and medical policies in the National Archives of India, the Central Secretariat Library, National Medical Library, Nehru Memorial, Museum and Library, Jawahar Lal Nehru University Central Library. New Delhi, the Hindi Sahitya Sammelan Pustakalaya, Allahabad, the Regional Archives, Varanasi and the Central Library of Banaras Hindu University, Carmichael Library and the *Aaj* newspaper office at Varanasi, Central Library, University of Strathclyde (Glasgow), National Library of Scotland (Edinburgh), British Library, Welcome Institute of History of Medicine, Women's Library, Thackray Medical Museum (Leeds).

The *Annual Administrative Reports*, *Municipal* and *Sanitary Reports* provided rich information on vaccination, hospitals and other health related issues. Correspondence relating to the compilation of the census, district gazetteers and the construction of public buildings also helped to understand official initiatives in the realm of health and medicine.

For the middle class intelligentsia's engagement with the medical issues, this study draws upon contemporary Hindi newspapers and journals. The most rewarding repositories of periodicals and other published material in Banaras were the Nagari Pracharini Sabha at Visheshwarganj, the BHU Central Library, the Carmichael library at Gyan Vapi and the Aaj newspaper office. I have drawn upon *Aaj, Arogya Darpan, Arogya Vigyan, Ayurvedic College Patrika (BHU), Ayurved Martand,*

Ayurved Pracharak, Ayurved Sansar, Chikitsak, Saraswati, Sudhanidhi, Bharat Jivan, Madhuri, The Mahamandal Magazine, Maryada, Nagari Pracharini Patrika, Vartaman. The newspaper *Abhyudaya* and the journal *Saraswati* were the most rewarding because of their sheer consistency of perspective, continuity over decades and the quality of writing. They had regular columns on broad social themes such as *matramandir* [A mother's temple] and *matramandal* [Mothers' association] which dealt with issues related to womens' health.

Medical tracts, booklets and pamphlets published in Hindi gave a new insight about the intervention of the educated section of the society in the realm of health, disease and cure. The writings of *vaidyas* and Allopathic practitioners provided an important resource. Medical tracts and pamphlets were written by a wide variety of people. In addition, I also drew upon Hindi literature in order to understand the tensions and complexities of the particular society of that period. Premchand's writings in particular, *Nirmala* and *Godan* gave a textured sense of the many ways in which western science and medicine impinged upon the middle class intelligentsia and shaped their understanding of its possibilities and constraints.

In additions I consulted brochures and booklets of various medicine shops and drug manufacturing companies such as *Abhinandan Granth* of Kaladhar Prasad Chaturvedi founder of *Shree Kaladhar Prasad and Son* and brochures of *Swasthya Vardhak Pharmacy (P) Ltd* to study the medical market and entrepreneurship in medicine. This book also took up an analysis of 'advertisements' treating them both as a reflection on values and lifestyles and as a medium for the creation of a medical consumer.

Finally, interviews with doctors and professors of Ayurvedic College, *vaidyas* and descendants of eminent *vaidyas*, owners and employees of medicine shops and drug manufacturing companies enlivened my sense of the flow of history in this engaging city.

Government Archival Records

Proceedings and Files of the Government of India, Home Department, including the Public, Judicial, Sanitary, Education, Medical and Municipal Departments, 1890–1947 [National Archives of India, Delhi].

Proceedings and Files of the Government of UP in the General Administration Department and Municipal Departments, 1891–1933 [UP State Archives, Lucknow].

Varanasi Division Records, 1901–29 [Regional Archives, Varanasi].

Official Publications

Annual Report of the Director of Public Health of the United Provinces, Allahabad, Government Press, 1923–35.

Annual Report of the Sanitary Commissioner of the North-Western Provinces and Oudh, Allahabad, Government Press, 1890–1930 [select issues].

Annual Vaccination Report of North Western Province & Oudh, 1895-6, Government Press, Allahabad, 1897, [1895–1914]

Census of India, 1891, North-Western Provinces and Oudh, Vol. XVI, Part I, Report and Provincial Tables, Allahabad, Government Press, 1894.

Census of India, 1901, North-Western Provinces and Oudh, Vol. XVI, Part–I, Report, Allahabad, Government Press, 1902.

Census of India, 1911, United Provinces of Agra and Oudh, Vol. XV, Part I, Report, Allahabad, Government Press, 1912.

Census of India, 1921, United Provinces of Agra and Oudh, Vol. XVI, Part I, Report, Allahabad, Government Press, 1923.

Census of India, 1931, United Provinces of Agra and Oudh, Vol. XVIII, Part I, Report, Allahabad, Printing and Stationery, 1933.

Cochrane, A. W. R., *Triennial Report of Civil Hospitals and Dispensaries of UP*, 1920–22, Allahabad, UP Government Press, 1923.

Imperial Gazetteer of India Provincial Series: United Provinces of Agra and Oudh, Calcutta, Government Press, 1908.

Joshi, Esha Basanti (ed.), *Uttar Pradesh District Gazetteers: Varanasi*, Allahabad, Government Press, 1965.

List of Leading Officials, Nobles and Personages, Allahabad, Government Press, 1925.

Manual of Office Procedure of the Patents Branch of Deptt of Revenue and Agriculture, Calcutta, Suptd of Govt. Printing, 1898.

Nevill, H. R., *Benares: A Gazetteer, Being Volume XXVI of the District Gazetteers of the United Provinces of Agra and Oudh*, Allahabad, Government Press, 1909.

Native Newspaper Reports of United Provinces, 1890–1947 [Also called *Selections from Vernacular Newspapers and Notes on the Press* for certain periods. Compiled weekly].

NWP Municipalities Act, 1900, Allahabad, Government Press, 1901.

Patent Office Handbook (Act, Rules, Instructions Etc, Sixth Edition), Delhi, The Manager of Publications, 1941.

Patent Office Journal, 1925, Calcutta, Government of India, Central Publication Branch, 1926.

Report on the Scarcity and Relief Operations in the North-Western Provinces and Oudh (1877–78 and 1889), Allahabad, Government Press.

Report on the Administration of the North-Western Provinces and Oudh, 1896–1900, Allahabad, Government Press.

Report on the Administration of UP, Allahabad, Government Press, 1905–26.

Report on the Working of the Local and District Boards in UP, Allahabad, 1900–30.

Sanyut Prantiya Sarkar Kee Ayurvedic Va Unani Chikitsa Pranali Punahsangathan-Samiti Kee Report, Vol. 1, Report Aur Shifarishen, Allahabad, Health Department, Government of United Provinces, 1948.

Statement of Particulars Regarding Books and Periodicals Published in UP, 1900–30 [Compiled Quarterly in the Office of the Director of Public Instruction].

Triennial Report on the Dispensaries and Charitable Institutions of the North Western Province and Oudh, for the three years ending 31st December1889, Allahabad, UP Government Press, 1890, [1890–1913].

Hindi Articles, Books and Tracts

Nagari Pracharini Sabha, *Aryabhasha Pustakalaya Ka Suchipatra*, Vol. I [Classified List of Books at Aryabhasha Library], Kashi, 1941.

Baidyanath, L., *Plague Nivaran Upay*, Nawal Kishore Press, 1909.

Bhargav, D.R.S. (M.D. Homeo), *Stethoscope*, Bulandshar, Writer and Publisher, 1926.

Devi, J., *Chuut Wale Rog Aur Unse Bacchne Ke Upay,* Nagari Pracharini Sabha, 1909.

Dubey, Pandit K.C., *Balakon Ke Poshanarth Avashyak Sikshayen*, Benares, Public Health Department, Municipal Board, 1913.

Dubey, Pandit K.C., *Haiza Chinnh Nidan-Rokene Ke Upay,* Benares, Public Health Department, Municipal Board, 1913.

Dubey, Pandit K.C., *Malaria Ya Fasli Bookhar Ya Sheetjwar*, Benares, Public Health Department, Municipal Board, 1913.

Dubey, Pandit K.C., *Taun*, Benares, Public Health Department, Municipal Board, 1913.

Dubey, Pandit K.C., *Chechak*, Benares, Public Health Department, Municipal Board, 1913.

Garg, Mahendulal, *Paricharya Pranali*, Benares, Nagari Pracharini Sabha, 1909.

Dubey, Pandit K.C., *Streeyon Ke Rog Aur Unki Chikitsa*, Benares, Nagari Pracharini Sabha, n.d.

Girdavar, Babu S.G., *Stri Subodhini*, Lucknow, Newal Kishore Press, 1922.

Gupt, Kaviraj Shree Atridev, *Bhartiya Shalya Shastra*, Kanpur, Prakash Ayurvediya Aushadhalaya and Pustakalaya, 1934.

Gupta, G., "Ayurveda Aur Varanasi", in Kaushal Kumar Rai (ed.), *Uttar Pradesh: Kashi Ank Parishthank*, Volume 12, No. 1, Soochana Evam Jan Sampark Vibhag, Uttar Pradesh Publication, June 1983.

Hirak Jayanti Granth, Benares, Kashi Nagari Pracharini Sabha, 1955.

'Indra' Ganeshdutt Sharma Gaur, *Santan Shastra*, Allahabad, 1928.

Nagari Pracharini Sabha Ka Varshik Vivaran, Benares, Kashi Nagari Pracharini Sabha, 1920 and 1921.

Premchand, *Nirmala*, Benares, Saraswati Press, 1923.

Rai, Vaidya Pandit M., *Dactorychikitsa*, Bombay, Khemraj-Srikrishandas, 1947.

Sanskritayen, Mahapandit R. and Upadhyaya, Dr K. (eds.), *Hindi Sahitya Ka Vrihat Itihas*, Kashi, Nagari Pracharini Sabha, 1961.

Sarkar, Dr Baba C. C., (HMB from Homeopathic Medical College, Lucknow), *Stree Va Baal Rog Chikitsa*, Lucknow, 1937.

Sharma, Pandit J., *Brahmacharya Vijnan*, Ajmer, Sasta-Sahitya-Prakashak-Mandal, 1927.

Sharma, P.V., *Ayurveda Ke Chah Dashak*, Delhi, Chaukhamba Sanskrit Pratishthan, 2005.

Sharma, Ayurvedashastri Dr A., *Kşayarōga Aur Uski Chikitsa*, Ajmer, Navjeevan Pharmacy, 1936.

Shastri, Acharya Shree Chatursen, *Arogya-Shastra* , Delhi, Sanjeevan Institute, 1932.

Shastri, Ayurvedacharya Professor Kaviraj Pandit D., Upayogi Chikitsa, Allahabad, author & publisher, 1927.

Shukla, Balak Ram *Malaria Vijnan*, Lucknow, Nawal Kishore Press, 1939.

Vaidyabhushan S., *Sachitra Guptrog Chikitsa*, Aligarh, author & publisher, n.d.

Singh, Rasayanacharya Kaviraj P., *Nikhil Bharatvarshiya Ayurved Mahamandal Ka Rajat Jayanti Granth*, volume-1 and 2, Benares city, Mahashakti Press, December 1935 and 1936.

Singh, S., *Brahmacharya Ki Mahima*, Banaras, S.B. Singh & Co., 1928.

Swami, Paritrajak M., *Kalplatika Bal Chikitsa*, author & publisher, 1917.

Talwar, V.B., *Rassakashi*, Delhi- Hyderabad, Saransh Prakashan, 2002.

Tiwari, U.D., *Mahamana Ke Prerak Prasang*, 3 volumes, Varanasi, Mahamana Malaviya Foundation, 2004.

Tiwari, U.D., *Mahamana Pandit Madan Mohan Malaviya: Sankshipt Jeewan Parichaye*, Varanasi, Mahamana Malaviya Foundation, 2004.

Tripathi, Pandit R., *Sachitra Injection Chikitsa Artharth Sui Kee Pichkari Duara Rogon Kee Chikitsa,* Mathura, Chetrapal Sharma- Sukhsancharak Company, 1933.

'Visharad', Shastri, Pandit M., *Hillore*, Patna, Ramesh Printing Works, 1926.

'Vishaarad', Pandit R.L.P., *Vaidyak Sangrah*, Benares City, Babu Thakur Prasad Bookseller, 1936.

Books Published before 1947

Balfour, M.I. and Young, R., *Work of Medical Women in India*, London, Humphrey Milford-Oxford University Press, 1929.

Crawford, D.G., *A History of the Indian Medical Service*, 2 Vols., London, W. Thacker & Co., 1914.

Crooke, W., *The Popular Religion and Folklore of Northern India*, 1896, Reprint, 2 Vols., Delhi, Munshiram Manoharlal, 1968.

Crooke, W., *The North-Western Provinces of India: Their History, Ethnology, and Administration*, 1897, Reprint, Karachi, Oxford University Press, 1972.

Crooke, W., *Religion and Folklore of Northern India*, London, Oxford University Press, 1926.

Dodwell, H.H., (ed.), *Cambridge History of India*, Vol. 5, Cambridge, Cambridge University Press, 1929.

Gedge, Evelyn C. and Choksi, M. (eds.), *Women in Modern India*, Bombay, D.B. Taraporewala Sons & Co., 1929.

Havell, E.B., *Benares: the Sacred City*, London, Blackie & Sons Limited, 1905 (Reprinted by Low Price Publications, Delhi, 1990)

Hehir, P., *The Medical Profession in India*, London, Oxford Medical Publications, 1923.

Mukhopadhyay, G., *History of Indian Medicine*, 3 Volumes, Calcutta, 1923–29.

Muthiah, K.S., *Smiling Benares*, Madras, Raithby & Co., 1911.

Ray, P.C., *Life and Experiences of a Bengali Chemist*, Calcutta, The Asiatic Society, 1932 2 Volumes (reprint 1992).

Sherring, M. A., *The Sacred City of the Hindus: An Account of Benares*, London, Trubner and Co., 1868 (reprinted by Low Price Publication, Delhi, 2002).

Singh, B. N., *Benares, a Handbook: Prepared for the Indian Science Congress, 28th Session*, 1941.

Magazines, Journals and Newspapers (Select Issues)

Abhyudaya [Allahabad]

Aj [Banaras]

Arogya Darpan [Ahemdabad]

Arogya Vigyan [Banaras]

Arogya Sindhu [Agra]

Arogya Sindhu [Aligarh]

Ayurvedic College Patrika (BHU) [Banaras]

Ayurved Pracharak-sachitra vaidyak masik patrika [Banaras]

Ayurved Sansar [Amritsar]

Bharat Jivan [Banaras]

Chikitsak [Kanpur]

Chikitsa Chamatkar [Calcutta]

Journal of the Association of Medical Women in India

Kashi Ayurved Sammilani Patrika, 1925, [Banaras]

Madhuri [Lucknow]

The Mahamandal Magazine [Banaras]

Maryada [Allahabad]

Nagari Pracharini Patrika-Bhartendu Ank, [Banaras]

Navjeevan [Banaras]

Saraswati [Allahabad]

Sudhanidhi [Allahabad]

Vartaman [Kanpur]

Articles

Alavi, S., "Unani Medicine in the Nineteenth-Century Public Sphere: Urdu Text and the Oudh Akhbar", *The Indian Economic and Social History Review* [henceforth *IESHR*], 42, 1, 2005, pp. 101–29.

Arnold, D., "Medical Priorities and Practice in Nineteenth Century British India," *South Asia Research*, 5, 1985, pp. 167–83.

Arnold, D., "Cholera and Colonialism in British India", *Past and Present*, 113, 1986, pp. 118–51.

Arnold, D., "Touching the Body: Perspectives on the Indian Plague, 1896–1900", in Ranjit Guha (ed.), *Subaltern Studies V*, Delhi, Oxford University Press, 1987.

Arnold, D., "Ecology and Cosmology of Disease in the Banaras Region", in Sandria B. Frietag (ed.), *Culture and Power in Benares: Community, Performance, and Environment, 1800–1980*, Delhi, Oxford University Press, 1989.

Arnold, D., "A Time for Science: Past and Present in the Reconstruction of Hindu Science, 1860-1920", in Daud Ali (ed.), *Invoking the Past; the Uses of History in South Asia*, New Delhi, Oxford University Press, 1999, pp. 156–177.

Banerjea, A.C., "Note on Cholera in the United Provinces", *Indian Journal of Medical Research*, 39, 1951, pp. 17–40.

Bang, B.G., "Current Concepts of the Smallpox Goddess Sitala in Parts of West Bengal", *Man in India*, 53, 1, 1973, pp. 79–104.

Basalla, G., "The Spread of Western Science", *Science*, 156, May–June 1967, pp. 611–22.

Bhattacharya, N., "Predicaments of Mobility: Peddlers and Itinerants in Nineteenth–century Northwestern India", in Caude Markovits, Jacques Pouchepadass and Sanjay Subrahmanyam (eds.), *Society and Circulation: Mobile People and Itinerant Cultures in South Asia 1750–1950*, Delhi, Permanent Black, 2003.

Bhattacharya, S., "Re-devising Jennerian Vaccines?: European Technologies, Indian Innovation and the Control of Smallpox in South Asia, 1850–1950", *Social Scientist*, 28, 11–12, November–December, 1998, pp. 27–66.

Bode, M., "Indian Indigenous Pharmaceuticals: Tradition, Modernity and Nature" in Waltraud Ernst (ed.), *Plural Medicine, Tradition and Modernity, 1800–2000*, London and New York, Routledge, 2002.

Brass, P. R., "The Politics of Ayurvedic Education: A Case Study of Revivalism and Modernization in India" in Rudolph, Susanne Hoeber and Rudolph, Lloyd I. (eds.), *Education and Politics in India: Studies in Organization, Society and Policy*, Delhi, Oxford University Press, 1972, pp. 342–74.

Catanach, I.J., "Fatalism? Indian Responses to Plague and Other Crises", *Asian Profile*, 12, 2, April 1984, pp. 183–92.

Chunekar, K. C., "Rasayana Therapy of Ayurveda- An Eye-Witness Account of Kaayaakalpa(Rejuvenation)", *Indian Journal of Traditional Knowledge*, Vol. 1, No.1, July 2002, pp. 11–16.

Chunekar, K. C., *Ayurvedic Education with Special Reference to Dravyaguna*, Dr P. M. Mehta Memorial Oration: Lecture Delivered on the eve of inauguration of Golden Jubilee Year Celebrations of Institute for P. G. T. & R. A, of Gujrat Ayurveda University, 20th July 2005 (unpublished paper).

Dhanukar, S.A. and Thatte, U.M., "Role of Ayurveda in Health Care", *Journal of Research in Ayurveda and Siddha*, 15, 1–2, January–June, 1995, pp. 72–81.

Durham, M.G., and Kellner, M.D., "Adventures in Media and Cultural Studies: Introducing the Key Works" in Durham and Kellner (eds.), *Media and Cultural Studies Key Works*, Oxford, Blackwell Publishers, 2001.

Farooqui, A., "Urban Development in a Colonial Situation: Early Nineteenth Century Bombay", *Economic and Political Weekly*, October 5, 1996, pp. 2746–59.

Forbes, G., "Medical Careers and Health Care for Indian Women: Patterns of Control", *Women's History Review*, 3, 4, 1994, pp. 515–30.

Gooptu, N., 'Caste and Labour: Untouchable Social Movemetnts in Urban UP in the Early Twentieth Century', in Peter Robb (ed.), *Dalit Movements and the Meanings of Labour in India*, Delhi, 1993, pp. 277–98.

Guha, S., "From Dais to Doctors: The Medicalisation of Childbirth in Colonial India", in Lakshmi Lingam (ed.), *Understanding Women's Health Issues: A Reader*, New Delhi, Kali for Women, 1998, pp. 145–60.

Gupta, B., "Indigenous Medicine in Nineteenth and Twentieth Century Bengal", in Charles Leslie (ed.) *Asian Medical Systems: A Comparative Study*, London, University of California Press, 1977.

Gupta, C., "Procreation and Pleasure: Writings of a Woman Ayurvedic Practitioner in Colonial North India", *Studies in History*, 21, 1, n.s., 2005, pp. 17–44.

Harrison, M., "Quarantine, Pilgrimage, and Colonial Trade: India 1866–1900", *IESHR*, 29, 2, 1992, pp. 117–44.

Jain, K., "New Visual Technologies in the Bazaar: Reterritorialization of the Sacred in Popular Print Culture", *Sarai Reader 2003: Shaping Technologies*, http://www.sarai.net.

Jeffery, R., "Recognizing India's Doctors: The Institutionalization of Medical Dependency, 1918-39", *Modern Asian Studies*, 13, 2, 1979, pp. 301–26.

Klein, I., "Malaria and Mortality in Bengal, 1840–1921", *IESHR*, 9, 1972, pp. 132–60.

Klein, I., "Death in India, 1871–1921", *Journal of Asian Studies*, 32, 1973, pp. 639–59.

Klein, I., "Population and Agriculture in Northern India, 1872–1921", *Modern Asian Studies*, 8, 2, 1974, pp. 191–216.

Klein, I., "Cholera: Theory and Treatment in Nineteenth Century India", *Journal of Indian History*, 58, 1–3, April–August–December, 1980, pp. 35–51.

Klein, I., "Plague, Policy and Popular Unrest in British India", *Modern Asian Studies*, 22, 4, 1988, pp. 723–55.

Klein, I., "Development and Death: Reinterpreting Malaria, Economics and Ecology in British India", *IESHR*, 38, 2, 2001, pp. 147–79.

Kumar, A., "The Indian Drug Industry under the Raj, 1860–1920", in Biswamoy Pati and Mark Harrison (eds.), *Health Medicine and Empire: Perspectives on Colonial India*, New Delhi, Orient Longman, 2001, pp. 356–85.

Kumar, D., "Racial Discrimination and Science in Nineteenth Century India", *IESHR*, 29, 1, 1992, pp. 63–82.

Kumar, D., "Unequal Contenders, Uneven Ground: Medical Encounters in British India, 1820-1920" in Andrew Cunningham and Birdie Andrews (eds.), *Western Medicine as Contested Knowledge*, Manchester, Manchester University Press, 1997, pp. 172–90.

Kumar, D., "Science and Society in Colonial India: Exploring an Agenda", *Social Scientist*, 28, 5–6, May–June 2000, pp. 24–46.

Charles, L., "The Ambiguities of Medical Revivalism in Modern India" in Charles L. (ed.), *Asian Medical Systems: A Comparative Study*, London, University of California Press, 1977.

Markovits, C., "Merchant Circulation in South Asia, Eighteenth to Twentieth Centuries: The Rise of Pan-Indian Networks" in Caude Markovits, Jacques Pouchepadass ad Sanjay Subrahmanyam (eds.), *Society and Circulation: Mobile People and Itinerant Cultures in South Asia 1750–1950*, Delhi, Permanent Black, 2003.

Metcalf, B.D., "Nationalist Muslims in British India: The Case of Hakim Ajmal Khan", *Modern Asian Studies*, 19, 1, 1985, pp. 1–28.

Mitra, J., "Dhanvantari Jayanti Celebration and Induction Ceremony" in Jyotir Mitra (ed.) *First National Symposium on Charak Samhita- Souvenir*, Varanasi, 1995.

Muraleedharan, V. R., "Rural Health Care in Madras Presidency: 1919–39", *IESHR*, 24, 3, 1987, pp. 323–34.

Nicholas, R.W., "The Goddess Sitala and Epidemic Smallpox in Bengal", *Journal of Asian Studies*, 41, 1, November 1981, pp. 21–44.

Pati, B., "Siting the Body: Perspectives on Health and Medicine in Colonial Orissa", *Social Scientist*, 28, 11–12, November–December, 1998, pp. 3–26.

Quaiser, N., "Colonial Politics of Medicine and Popular Unani Resistance", *Indian Horizons*, April–June 2000, pp. 29–41.

Quaiser, N., "Politics, Culture and Colonialism: Unani's Debate with Doctory" in Pati, B. and Harrison, M. (eds.), *Health, Medicine and Empire: Perspectives on Colonial India*, New Delhi, Orient Longman, 2001.

Ramanna, M., "Indian Attitudes towards Western, Medicine: Bombay, A Case Study", *The Indian Historical Review*, 27, 1, January 2000, pp. 44–55.

Ramaswamy, S., "Visualizing India's Geo-Body: Globes, Maps, Bodyscapes" in *Beyond Appearances? Visual Practices and Ideologies in Modern India* (ed.), Sumathi Ramaswamy, New Delhi, Sage Publications, 2003.

Rao, M., "The Indian Family Planning Programme: A Retrospective", Karnataka Rajya Vijnana Parishat, *Proceedings of Third All India Peoples' Science Congress*, March 8–11, 1990, Vidyanagar, Bangalore, pp. 163–79.

Samanta, A., "Crop, Climate and Malaria: Ecological Construction of an Epidemic in Colonial Bengal", *Economic and Political Weekly*, December 29, 2001, pp. 4887–90.

Sharma, M., 'Creating a Medical Consumer: An Analytical Study of Advertisements', in Mark Harrison and Biswamoy Pati (eds.), *The Social History of Health and Medicine in Colonial India*, Routledge, 2008.

Sharma, M., 'Debating Women's Health: Reflections in Popular Hindi Print-culture' in *Indian Historical Review*, Special Gender Issue (ed.) Lata Singh, Vol. XXXV, No. II, July 2008.

Sharma, N., "Women in Magahi Folklore" in Sri Sankar Sen Gupta (ed.), *Women in Indian Folklore: a Short Survey of their Social Status and Position*, Calcutta, Indian Publications, 1969.

Singha, R., "Colonial Law and Infrastructural Power: Reconstructing Community, Locating the Female Subject", *Studies in History*, 19, 1, n.s. 2003, pp. 87–126.

Sinha, J.N., "Population, Health and Development in Colonial India", *Social Science Probings*, Vol. 11–12, March 1994–December 1995, pp. 88–96.

Sinha, M., "Britishness, Clubbability, and the Colonial Public Sphere: The Genealogy of an Imperial Institution in Colonial India", *Journal of British Studies*, 40, 4, October 2001.

Sivaramakrishnan, K., "The Use of the Past in a Public Campaign: Ayurvedic Prachar in the Writings of Bhai Mohan Singh Vaidya" in Daud Ali (ed.), *Invoking the Past; the Uses of History in South Asia*, New Delhi, Oxford University Press, 1999, pp. 178–91.

Sturdy, S. and Cooter, R., "Science, Scientific Management, and the Transformation of Medicine in Britain c. 1870–1950", *History of Science*, 36, 4(114), 1998, pp. 421–66.

Das V., "The Body as Metaphor" in Lakshmi Lingam (ed.), *Understanding Women's Health Issues: A Reader*, New Delhi, Kali for Women, 1998, pp. 88–98.

Watts, S., "British Development Policies and Malaria in India 1897–c.1929", *Past & Present*, 165, 1999, pp. 141–81.

Zysk, K.G., "Potency Therapy in Classical Indian Medicine", *Asian Medicine, Tradition and Modernity*, Vol. 1, No. 1, 2005.

Books

Anon, *Ayurveda – The Science of Life: A Profile and Focus on Research and Development*, New Delhi, Central Council for Research in Ayurveda and Siddha-Union Ministry of Health and Family Welfare, 1986.

Alavi, S., *Islam and Healing: Love and Recovery of an Indo-Muslim Medical Tradition*, New Delhi, Permanent Black, 2007.

Aries, P., *Centuries of Childhood*, Robert Baldick(trans.), London, Jonathan Cape, 1962.

Arnold, D. (ed.), *Imperial Medicine and Indigenous Societies*, Delhi, Oxford University Press, 1989.

Arnold, D., *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Delhi, Oxford University Press, (Berkeley, University of California Press), 1993.

Arnold, D. (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500–1900*, Amsterdam–Atlanta, Rodopi, 1996.

Arnold, D., *The New Cambridge History of India III.5, Science, Technology and Medicine in Colonial India*, Cambridge, Cambridge University Press, 2000.

Alter, Joseph S., *The Wrestler's Body: Identity and Ideology in North India*, New Delhi, Munshiram Manoharlal Publishers Pvt. Ltd., 1997.

Arnold, D., *Gandhi's Body: Sex, Diet and the Politics of Nationalism*, Philadelphia, University of Pennsylvania, 2000.

Arnold, D. (ed.), *Asian Medicine and Globalization*, Philadelphia, University of Pennsylvania Press, 2005.

Baber, Z., *The Science of Empire: Scientific Knowledge, Civilization, and Colonial Rule in India*, New York, State University of New York Press, 1996.

Bagchi, A. K. & Soman, K. (eds.), *Maladies, Preventives and Curatives: Debates in Public Health in India*, New Delhi, Tulika Books, 2005.

Bala, P., *Imperialism and Medicine in Bengal: A Socio-Historical Perspective*, New Delhi, Sage Publications, 1991.

Ballhatchet, K., *Race, Sex and Class under the Raj*, London, Weidenfeld & Nicolson, 1980.

Bayly, C. A., *The Local Roots of Indian Politics: Allahabad, 1880–1920*, Oxford, Clarendon Press, 1975.

Bayly, C. A., *Rulers, Townsmen and Bazaars: North Indian Society in the Age of British Expansion, 1780–1870*, Cambridge, Cambridge University Press, 1983.

Bayly, C. A., *Empire and Information: Intelligence Gathering and Social Communication in India, 1780–1870*, Cambridge, Cambridge University Press, 1996.

Bhargav, S. and Bharadwaj, V. (eds.), *Shree Sarvajanik Pustakalaya Tatha Vachnalaya: Hirak Jayanti Smriti-Granth (1912–99)*, Varanasi, Bhargav Bhushan Press, 2001.

Bodding, P. O., *Studies in Santal Medicine & Connected Folklore*, Parts I, II, & III, Calcutta, The Asiatic Society, 1986.

Bode, M., *Ayurvedic and Unani Health and Beauty Products: Reworking India's Medical Traditions*, University of Amsterdam, Non-Commercial Edition, 2004.

Borker, G., *Health in Independent India: A Decade of Progress*, Ministry of Health, Government of India, New Delhi, 1958.

Bose, D. M., Subbarayappa, B.V. and Sen, S.N. (eds.), *A Concise History of Science in India*, New Delhi, Indian National Science Academy, 1971.

Bose, P.K. (ed.), *Health and Society in Bengal: A Selection from Late 19th-Century Bengali Periodicals*, New Delhi, Sage, 2006.

Brass, P.R., *Language, Religion, and Politics in North India*, London, Cambridge University Press, 1974.

Burton, A., *At the Heart of the Empire: Indians and the Colonial Encounter in Late – Victorian Britain*, New Delhi, Munshiram Manoharlal Publishers Pvt. Ltd., 1998.

Centenary Year 1889–1989, *A Privacy Of Glorious Life Is Thine: Mahesh Chandra Bhattacharya*, Calcutta, M. Bhattacharya & Co. (P) Ltd., 1989.

Chakrabarti, P., *Western Science in Modern India: Metropolitan Methods, Colonial Practices*, Delhi, Permanent Black, 2004.

Chaturvedi, S., *Builders of Modern India Series: Madan Mohan Malaviya*, New Delhi, Publications Division, 1996.

Chaturvedi, Pt. Shivdutt Sharma and Chaturvedi, Urmilla (eds.), *Pandit Kaladhar Prasad Abhinandan Granth*, Varanasi, Pandit Kaladhar Prasad Chaturvedi Abhinandan Samiti, 1980.

Chattopadhyaya, D.P., *Science and Society in Ancient India*, Calcutta, Research India Publications, 1977.

Cunningham, A. and Andrews, B. (eds.), *Western Medicine as Contested Knowledge*, Manchester, Manchester University Press, 1997.

Curtin, P. D., *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century*, Cambridge, Cambridge University Press, 1989.

Dar, S. L. and Somaskandan, S., *History of The Banaras Hindu University*, Banaras, Banaras Hindu University Press, 1966.

Dharampal, *Civil Disobedience and Indian Tradition*, Varanasi, Sarva Seva Sangh Prakashan, 1971.

Dikotter, F., *Sex, Culture and Modernity in China: Medical Science and the Construction of Sexual Identities in the Early Republican Period*, London, Hurst & Company, 1995.

Dixit, Ayurvedratnakar Brajmohan, *Svasthya*, Varanasi, Shashikant Dixit, 1990.

Dyson, T., (ed.), *India's Historical Demography: Studies in Famine, Disease and Society*, London, Curzon Press, 1989.

Eck, D. L., *Banaras: City of Light*, New Delhi, Penguin Books, 1983.

Ernst, W. (ed.), *Plural Medicine and Modernity, 1800–2000*, London and New York, Routledge, 2002.

Forbes, G., *The New Cambridge History of India, IV.2 Women in Modern India*, Cambridge, Cambridge University Press, 1996.

Forbes, G. and Raychaudhuri, T. (eds.), *The Memoirs of Dr. Haimbati Sen: from Child Widow to Lady Doctor*, New Delhi, Roli Books, 2000.

Foucault, M., *The Birth of the Clinic: an Archaeology of Medical Perception*, A. M. Sheridan Smith (trans.), New York, Vintage Books, 1975.

Freitag, S.B. (ed.), *Culture and Power in Banaras: Community, Performance, and Environment, 1800–1980*, Delhi, Oxford University Press, 1989.

Golding, P. R. and Singh, V. (trans.), *Tales of Banaras: The Flowing Ganges*, Delhi, Book Faith India, 1997.

Gopal, M., *The Bhartendu: His Life and Times*, Delhi, Sagar Publications, 1972.

Griffiths, P., *The British Impact on India*, London, Frank Cars and Co., Ltd., 1952.

Gupta, C., *Sexuality, Obscenity, Community: Women, Muslims, and the Hindu Public in Colonial India*, Delhi, Permanent Black, 2001.

Gupta, P. C., *Makers of Indian Literature: Prem Chand*, New Delhi, Sahitya Akademi, 1968.

Guha, S., *Health and Population in South Asia from Earliest Times to the Present*, New Delhi, Permanent Black, 2001.

Harrison, M., *Public Health in British India: Anglo-Indian Preventive Medicine 1859–1914*, Cambridge, Cambridge University Press, 1994.

Headrick, D. R., *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century*, New York, Oxford University Press, 1981.

Herald, F. T. and Mann, M. (eds.), *Colonialism as Civilizing Mission: Cultural Ideology in British India*, London, Wimbledon Publishing Company, 2004.

Husain, S. M., *U. P. Local Acts 1793–1964*, Vol. IV, V and VI, Lucknow, Eastern Book Company, 1966.

Jaggi, O. P., *History of Science, Technology and Medicine in India, Volume 13 Western Medicine in India: Medical Education and Research*, Delhi, Atma Ram & Sons, 1979.

Jones, K.W., *Arya Dharma: Hindu Consciousness in Nineteenth Century Punjab*, Berkeley, California University Press, and New Delhi, Manohar, 1976.

Keswani, N.H. (ed.), *The Science of Medicine and Physiological Concepts in Ancient and Medieval India*, New Delhi, XXVI International Congress of Physiological Sciences, Department of Physiology, All India Institute of Medical Sciences, 1974.

Khilnani, Sunil, *The Idea of India*, London, Hamish Hamilton, 1997.

Krisnankutty, G., *A Life of Healing: A Biography of Vaidyaratnam P.S. Varier*, New Delhi, Viking, 2001.

Kumar, A., *Medicine and the Raj: British Medical Policy in India, 1835–1911*, New Delhi, Sage Publications, 1998.

Kumar, D. (ed.), *Science and Empire: Essays in the Indian Context, 1700–1947*, Delhi, Anamika Prakashan, 1991.

Kumar, D., *Science and the Raj: 1857–1905*, Delhi, Oxford University Press, 1997.

Kumar, D. (ed.), *Disease & Medicine in India: A Historical Overview*, New Delhi, Tulika, 2001.

Kumar, D. (ed.), *The Cambridge Economic History of India*, II, Cambridge, Cambridge University Press, 1983.

Kumar, D., *Land and Caste in South India: Agricultural Labour in Madras Presidency*, New Delhi, Manohar, 1992.

Kumar N., (ed.), *Women and Science in India – A Reader*, New Delhi, Oxford University Press, 2009.

Kumar, N., *The Artisans of Banaras: Popular Culture and Identity*, *1880–1986*, New Delhi, Orient Longman, 1995.

Kumar, N., *Lessons from Schools: The History of Education in Banaras*, New Delhi, Sage Publications, 2000.

Lannoy, R., *Benares: A World within a World – The Microcosm of Kashi Yesterday and Today*, Varanasi, Indica Books, 2002.

Latour, B., *The Pasteurization of France*, Alan Sheridan and John Law (trans.), Cambridge, Massachusetts and London, Harvard University Press, 1988.

Leeson, J. & Gray, J., *Women and Medicine*, London, Tavistock Publications, 1978.

Leslie, C. (ed.), *Asian Medical Systems: A Comparative Study*, California, University of California Press, 1977.

Lutzker, E., *Women Gain a Place in Medicine*, New York, McGraw–Hill Book Company, 1969.

Macleod, R. and Lewis, M. (eds.), *Disease, Medicine and Empire*, London, 1988.

McClintock, A., *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest*, New York & London, Routledge, 1995.

McKeown, T., *Medicine in Modern Society, Medical Planning Based on Evaluation of Medical Achievement*, London, George Allen & Unwin Ltd., 1965.

Meulenbeld, G. Jan, *A History of Indian Medical Literature*, Vol. II A Text, Groningen, Egbert Forsten, 2000.

Mills, J.H., *Madness, Cannabis and Colonialism: The 'Native–Only' Lunatic Asylums of British India, 1857–1900*, London, Macmilan Press Ltd., 2000.

Misra, B.B., *The Indian Middle Classes: Their Growth in Modern Times*, Delhi, Oxford University Press, Reprint edition, 1978.

Mitra, J. (ed.) *First National Symposium on Charak Samhita- Souvenir*, Varanasi, 1995

Morehouse, W. (ed.), *Science and Human Condition in India and Pakistan*, Bombay, Popular Prakashan, 1972.

Mukherjee, V., *Bana Rahe Banaras*, Varanasi, Vishwavidyalaya Prakashan, 1958.

Meulenbeld, G.J., *A History of Indian Medical Litearture,* Vol. II A, Forsten, Groningen, 2000.

Nanda, B.R. (ed.), *Science and Technology in India*, New Delhi, Vikas Publishing House Pvt. Ltd., 1977.

Nandy, A., *Alternative Sciences*, New Delhi, Allied Publishers P. L., 1980.

Nandy, A., *The Intimate Enemy: Loss and Recovery of Self Under Colonialism*, Delhi, Publisher 1983.

Nandy, A., *Science, Hegemony and Violence: A Requiem for Modernity*, New Delhi, Oxford University Press, 1990.

Neelmeghan, A., *Development of Medical Societies and Medical Periodicals in India, 1780–1920*, Calcutta, Publication, 1963.

Novarro, V., *Imperialism, Health and Medicine*, New York, 1981.

Neumayer, E. & Schelberger, C., *Popular Indian Art: Raja Ravi Varma and the Printed Gods of India*, New Delhi, Oxford University Press, 2003.

Oakley, A., *The Captured Womb: A History of the Medical Care of Pregnant Women*, Oxford, Blackwell, 1984.

Orsini, F., *The Hindi Public Sphere, 1920–1940, Language and Literature in the Age of Nationalism*, New Delhi, Oxford University Press, 2002.

Padgaonkar, D. (ed.), *Brand New: Advertising through the Times of India*, Faridabad, The Times of India Sesquicentennial Publication, 1989.

Pandey, G., *The Ascendancy of The Congress in Uttar Pradesh, 1926–34*, Delhi, Oxford University Press, 1978.

Pandit, V. L., *The Scope of Happiness: A Personal Memoir*, INC-New York, Crown Publishers, 1979.

Panikkar, K.N., *Culture, Ideology, Hegemony: Intellectuals and Social Consciousness in Colonial India*, New Delhi, Tulika, 1995.

Parry, J. P., *Death in Banaras*, Cambridge, Cambridge University Press, 1994.

Pati, B. and Harrison, M. (eds.), *Health, Medicine and Empire: Perspectives on Colonial India*, New Delhi, Orient Longman, 2001.

Pati, B. and Harrison, M. (eds.), *The Social History of Health and Medicine in Colonial India*, Routledge, 2008.

Pickstone, J.V., *Ways of Knowing: A New History of Science, Technology and Medicine*, Manchester, Manchester University Press, 2000.

Pillai, N.N., *Press Advertising Today – A study of Trends*, IIMC, New Delhi, 1974.

Porter, R. (ed.), *The Cambridge History of Science, Volume 4 Eighteenth–Century Science*, Cambridge, Cambridge University Press, 2003.

Prakash, G., *Another Reason: Science and the Imagination of Modern India*, Princeton, Princeton University Press, 1999.

Prashad, V., *Untouchable Freedom: A Social History of a Dalit Community*, New Delhi, Oxford University Press, 2000.

Premchand, *Godan: A Novel of Peasant India*, Jai Rattan & P. Lal (trans.), Bombay, Jaico Publishing House, 12th Edition, 1994.

Rahman, A. and Chowdhury, P. N. (eds.), *Science and Society*, New Delhi, Council of Scientific & Industrial Research, 1980.

Ramasubban, R., *Public Health and Medical Research in India*, Stockholm, 1982.

Ramanna, M., *Western Medicine and Public Health in Colonial Bombay: 1845–1895*, New Delhi, Orient Longman, 2002.

Ramakumar, R., *Technical Demography*, New Delhi, Wiley Eastern Limited, 1986.

Rubin, D. (trans.), *The World of Premchand Selected Short Stories*, New Delhi, Oxford University Press, 2001.

Rudholph, S.H. and Rudolph, L.I. (eds.), *Education and Politics in India: Studies in Organization, Society and Policy*, Delhi, Oxford University Press, 1972.

Said, E.W., *Orientalism*, London and Henley, Routledge & Kegan Paul, 1978.

Sampurnanand, *Memories and Reflections*, Bombay, Asia Publishing House, 1962.

Sanyal, S., *Benares and the English East India Company, 1764–1795*, Calcutta, The World Press Private Limited, 1979.

Sanyal, P. K., *A Story of Medicine and Pharmacy in India: Pharmacy 2000 Years Ago and After etc.*, Calcutta, Amitabh Sanyal, 1964.

Sen, S. N., *Scientific and Technical Education in India1781–1900*, New Delhi, Indian National Science Academy, 1991.

Singh, R. L. (ed.), *India: A Regional Geography*, Varanasi, National Geographic Society of India, 1971.

Sivaramakrishnan, K., *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab (1850–1945)*, New Delhi, Orient Longman, 2006.

Stepan, N., *The Idea of Race in Science: Great Britain 1800–1960*, London, Macmilan with St. Anthony's College Oxford, 1982.

Stutley, M. and James, *A Dictionary of Hinduism: its Mythology, Folklore and Development, 1500 B.C– A.D. 1500*, London, Routledge & Kegan Paul, 1977.

Sukul, K.N., *Varanasi Down the Ages*, Patna, K. N. Sukul, 1974.

Swasthya Vardhak Pharmacy Pvd. Ltd., *Therapeutic Index*, Inaugural Edition: 2004.

Thakur, V. J. & Mandal, K.K. (eds.), *Science, Technology & Medicine In Indian History*, Patna & New Delhi, Janaki Prakashan, 2000.

Thompson, J.B., *Ideology and Modern Culture: Critical Social Theory in the Era of Mass Communication*, Polity Press, Oxford, 1990.

Timberg, T. A., *The Marwaris*, New Delhi, Vikas, 1978.

Udupa, K.N. (ed.), *Advances in Research in Indian Medicine*, Varanasi, Banaras Hindu University, 1970.

Udapa, K. N. (ed.), *Two Decades of Progress of Medical Education & Service in Institute of Medical Sciences*, Special Issue, Varanasi, Banaras Hindu University, 1980.

Varier, M. R. R., *The Rediscovery of Ayurveda: The Story of Arya Vaidya Sala Kottakal*, New Delhi, Viking, 2002.

Vidyarthi, L.P., Jha, M. and Saraswati, B. N., *The Sacred Complex of Kashi: A Microcosm of Indian Civilization*, New Delhi, Concept Publishing Company, 1979.

Visvanathan, S., *A Carnival of Science: Essays on Science, Technology and Development*, Delhi, Oxford University Press, 1997.

Watts, S., *Epidemics and History: Disease, Power and Imperialism*, New Haven and London, Yale University Press, 1999.

Whitcombe, E., *Agrarian Conditions in North India Volume I: The United Provinces under British Rule, 1860–1900*, Berkeley and Los Angeles, University of California Press, 1972.

Worboys, M., *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865–1900*, Cambridge, Cambridge University Press, 2000.

Zaidi, A. M. (ed.), *The Encyclopaedia of the Indian National Congress*, I–V, New Delhi, S. Chand, 1986.

Zimmerman, F., *The Jungle and the Aroma of Meats: An Ecological Theme in the Hindu Medicine*, Berkeley, University of California Press, 1987.

Dissertations and Theses

Khan, Md. Shamsad, 'Medicine, Health and Nationalist Discourse in Colonial India: 1937–47', M. Phil Dissertation submitted to the Centre of Social Medicine and Community Health, School of Social Sciences, Jawaharlal Nehru University, New Delhi, 1994.

Sharma, Madhuri, 'Changing Mortality in the Madras Presidency, 1871–1951: A Study of Selected Districts', M. Phil Dissertation submitted to the Department of History and Culture, Jamia Millia Islamia, New Delhi, 2000.

Singh, Dhrub Kumar, 'Cholera in Nineteenth Century India: Perceptions and Approaches to its Control', M. Phil Dissertation submitted to the Centre for Historical Studies, School of Social Sciences, Jawaharlal Nehru University, New Delhi, 2002.

Sivramakrishnan, Kavita, 'Addressing the Health of the "Public"– State Authority, Missionaries and Vaidyas in Punjab's Towns and Cities (Circa 1880s–1930s), Ph.D. Thesis submitted to the Centre for Historical Studies, School of Social Sciences, Jawaharlal Nehru University, New Delhi, 2003.

Interviews at Varanasi, (October–December 2005)

K. C. Chunekar, retired professor of Ayurvedic College, Banaras Hindu University and son of Vaidya Srinivas Shastri.

Dr Shivkumar Shastri, a practitioner of Ayurvedic medicine, maternal grandson of Madan Mohan Malaviya.

Shree Yogesh Chaturvedi, owner of *Kaladhar and Sons Co.* Ayurvedic medicine shop at Bulanala, Varanasi, started by Kaladhar Prasad Chaturvedi in 1934.

Dr Ravi Agarwal Chief Medical Officer, Birla Hospital at Machhodary Park, Varanasi, great grandson of Vaidya Shyam Sundar Vaishya.

Dr Sashikant Dixit, son of Vaidya Brajmohan Dixit who established *Rasshaala,* a dispensary and manufacturing unit of Ayurvedic medicine at Gyanvapi Chawk, Varanasi in 1911.

Govind Ram Bhargav, owner of Kashi Prasad Bhargav & Sons, Sulemani Salt Factory, Machhodary Park, Varanasi, descendant of Ganesh Prasad Bhargav, manufacturer of a well known remedy 'Namak Sulaimani', still sold today.

Professor Priya Vrat Sharma, Retd. Principal of Ayurvedic College, Banaras Hindu University, P–2, Principal Colony, Banaras Hindu University.

Raj Kumar Singh, General Manager, Swasthaya Vardhak Pharmacy Pvt. Ltd., Assi, Varanasi, established as Swasthaya Vardhak Ausadhalaya in 1932 by Pandit Jagannath Bajpai.

Tapan Kumar Bhattacharya, Manager, M. B. Bhattacharya and Co. for Homeopathic Medicines, Godawlia, Varanasi.

Girish Chandra Mishra, a prominent public figure in Banaras.

Bhanu Shankar Mehta, a renowned pathologist in Banaras.

Dr Indira Charan Pandey, grandson of vaidya Satyanarayan Shastri (President's Physician and Principal of Ayurvedic College, Banaras Hindu University).

Index